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ABSTRACT

The document is designed to provide practical information for teachers, parents, group home workers, work activity personnel, and others interested in developing social interaction skills and appropriate social behaviors in developmentally disabled adolescents and young adults. An introductory section discusses social problems of the developmentally disabled adolescent and young adult, such as lack of friends, inappropriate social behaviors, and poor self concept. The three-pronged training model for social skill development utilizes three methods--behavior modification; instruction with discussion, modeling, and role playing; and experimental exercises (such as group games and recreation activities). Program organization is detailed in terms of selection and grouping of participants, skills of trainers, organization of sessions, and training setting. Techniques used for assessing social skills are the Recreation-Social-Sexual interview, direct observation of the participant's behavior, and behavioral checklists/rating scales that inquire into social strengths and weaknesses. A final section of the booklet is concerned with the specific social skills addressed in the model, objectives, and sample training activities. Social skills fall primarily into three categories: interactive behavior skills, which are generally nonverbal; interpersonal communication skills, which require verbal interactions; and appropriate social behaviors, which are related to social norms. A final section contains bibliographies on scales with social skills components, on social skill development, and on adapted equipment. (SW)

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SOCIAL SKILLS TRAINING:

A Three-Pronged Approach

For Developmentally Disabled Adolescents and Young Adults

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INTRODUCTION

Acceptance in social systems is based on behaviors that meet the expectations of that system. Deviations from social norms often result in social isolation. Without specific training in social skills many developmentally disabled adolescents and young adults do not demonstrate appropriate social behaviors and appropriate social interaction skills. Their lives may be void of positive social interactions.

This packet has been designed to provide practical information for teachers, parents, group home workers, work activity personnel and others interested in developing social interaction skills and appropriate social behaviors in developmentally disabled adolescents and young adults. It contains specific program strategies, assessment techniques, skills to be taught, and training activities. The approach to social skill training described utilizes three interrelated techniques: behavior modification, didactic instruction with discussion, and experiential exercises. The need for a multifaceted approach is well documented. An individual with social interaction skills is more likely to become socially integrated; however, barriers may still exist because of a lack of other appropriate social behaviors and the ability to adapt to the demands of various social situations. Some individuals exhibit problem behaviors which interfere with socialization, but can be extinguished or managed by behavior modification techniques. Others exhibit inappropriate social behavior, e.g. blowing nose on sleeve, wearing work clothes to a dance, which results from a lack of knowledge about the appropriate behavior and can be corrected through instruction. Others need intense practice in these skills so that behaviors become well established. A program which intervenes in both social interactive skills and social behaviors is most effective in preparing developmentally disabled adolescents and young adults for social integration and fulfilling interpersonal relationships. Through the use of these three techniques the participant learns about appropriate social behaviors, is shown examples of such behaviors, is given opportunities to practice, is provided with systematic reinforcement, and is encouraged in a variety of ways to use these skills in the community.

The model presented in this booklet has been developed and piloted through the collaborative efforts of two grant funded projects. Project Recreate funded by the Developmental Disabilities Office, Region X, and the Sex Education Project funded by Maternal and Child Health are two training and demonstration model projects for developmentally disabled adolescents and young adults, which have been housed at Crippled Children's Division, University of Oregon Health Sciences Center, Portland, Oregon since 1977. Since both projects had identified social skill development as an integral part of their programs they combined program efforts. The major purpose of this joint effort between Project Recreate and the Sex Education Project was to develop effective methods of upgrading social behaviors and interaction skills of developmentally disabled adolescents and young adults through pilot programs that could be replicated in a variety of community settings. The Three-Pronged Approach to Social Skill Training was piloted with a total of five groups of Down's Syndrome moderately retarded, myelomeninqocele and moderately physically disabled Portlanders from fourteen to twenty years of age. The

and its program strategies proved to be effective with these problems.

This booklet can be used as a guide to establish social skills training programs for developmentally disabled adolescents and young adults. The reader is cautioned that this is not intended as a cookbook. The importance of designing programs to meet individual needs in a systematic manner is stressed. Without this intervention, the social problems of the developmentally disabled adolescent and young adult can result in increased dependency, social isolation, and a lowered overall quality on life.

SOCIAL PROBLEMS OF DEVELOPMENTALLY DISABLED ADOLESCENTS AND YOUNG ADULTS

Historically educators, medical personnel, and social service workers have focused upon schooling, vocational training, and medical intervention to facilitate the developmentally disabled* person's adjustment to community life. Recent trends towards normalization and mainstreaming as well as subsequent legislation have emphasized that such training is not enough. Training in other behavioral dimensions is also necessary. One critical dimension illustrated by the following case study and research is social skill development.

> Pat is a 19 year old trainable mentally retarded girl who has received extensive training in independent living and vocational skills. She works in a school cafeteria helping to prepare food and has moved from a group home into a satellite apartment. She does her assigned tasks at work willingly and thoroughly, but often gets into arguments when she needs to work cooperatively. During breaks and lunch time Pat sits by herself and occasionally talks to an imaginary friend. After work she usually watches her TV or listens to her radio. At other times she walks around looking in store windows or sits on park benches. Her former group home has a weekly activities night which she is required to attend. Although she has the leisure skills to participate in the activities, she often sits on the periphery of the group and refuses to participate. Pat, like many of her handicapped peers, is in jeopardy of failing on the job or in the community because she lacks social skills. As her loneliness increases she becomes more restless and irritable at work. Pat's unhappiness is interfering with her ability to adapt and to function in the community.

*According to the "Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978," a developmental disability is a severe, chronic disability which a) results from any physical or mental impairment, b) occurs before age 22, c) is likely to continue indefinitely, d) results in substantial functional limitations in major areas of life activity and e) reflects the need for a combination and sequence of individually planned and coordinated services.

Despite these problems, Pat is more fortunate than many of her former classmates. Sixty percent of the 120 trainable mentally retarded students who graduated with her never go out with friends. Many of her peers spend the majority of their free time doing self stimulatory and repetitive activities, such as rocking. Others are seen in the community doing age inappropriate activities, such as playing with dolls. Given the opportunity to interact with individuals that they know, many remain in their own worlds, sitting apart, gazing into space and doing nothing. When they do engage in activities, the activities are generally solitary in nature, such as crafts and collections. Their difficulty in sharing, taking turns, giving consideration to others and general collaboration are evident in group situations.

This lack of social interaction is a recurring theme in the literature. A study of the time usage of group home residents in Washington revealed a pattern similar to that of Pat and her former classmates (Washington Department of Social and Health Services, 1976). Four hours each day (23% of the waking hours) were spent in unstructured activities such as watching TV; 3 hours (17%) were spent in low level activity, such as simply sitting, waiting or gazing in space; 0.8 hours (5%) were spent in organized activities such as games, hobbies and sports; 0.5 hours (3%) were spent simply leaving the house.

This inactive, solitary lifestyle is a pattern for many developmentally disabled individuals, not just the mentally retarded. The developmentally disabled adolescents seen at Crippled Children's Division (CCD) in Portland, Oregon exemplify this lifestyle. The most striking aspect of the participants in the initial assessment were the lack of friends, the small amount of time, if any, spent with friends, the inability to use friendships constructively and the resultant social isolation. When participants were able to name friends, these friends were generally schoolmates, casual acquaintances, or relatives with whom they had very limited interaction. Many of these were fantasized friendships with those of high social desirability such as the junior class president, the captain of the football team or a cheerleader. Neighborhood people identified as friends were generally considerably younger or elderly. Participants had few opportunities to observe or participate in peer group activities. Socialization opportunities had been primarily limited to segregated, large group experiences which do not facilitate normalization or the development of social interaction skills (Coyne, 1980).

This lack of friends is a problem of the developmentally disabled in other countries. A recent study in Sweden revealed that although eighty-eight percent of physically disabled children were integrated into normal classrooms, at least one-fourth of the integrated children still had no friends. Even those who developed friendships with non-handicapped schoolmates often lost these friendships from seven to nine years of age and during the stressful period of adolescence (Paulsson, 1980). Another Swedish study found that the general attitude of non-handicapped peers towards the mentally retarded was one of accepting indifference. There was no systematic harassment and, on the other hand, there was a poverty of positive interactions (Soder, 1980). These findings emphasize that physical integration does not ensure social interaction.

In addition to deficits in social interaction skills, developmentally disabled adolescents and young adults often exhibit an array of inappropriate social behaviors. While the lack of social interaction skills may result in arguments, depression and isolation, inappropriate social behaviors may result in arrests, physical harm and further alienation from the mainstream. Many mentally retarded individuals who manifest inappropriate social behaviors have been referred to the Sex Education Project at CCD by the courts. One referral involved a young man who was so pleased to receive a compliment from a stranger that he hugged her and was arrested for molesting her. A common incident is the young person who looks in neighbors' windows out of curiosity and is thought to be a Peeping Tom or potential rapist. Several mentally retarded adults have been arrested for child abuse after taking down the pants of neighborhood children. Although motivated by curiosity rather than sexual drive, such "doctor play" is age inappropriate and in conflict with the social value system. These behaviors severely jeopardize community placement.

Hugging: A Problem Behavior

Other behaviors do not lead to arrests but make individuals vulnerable and/or undesirable. For example, many developmentally disabled women become victims of sexual abuse because they think that a man who acts friendly by smiling or saying hello is a boyfriend. Some DD adolescents and young adults hear locker room comments such as "Hey Babe, nice tits," or "Hey Fella, you're really hung" and inappropriately make these comments in mixed company.

Another problem of the mentally retarded is frequent referrals to community mental health clinics because of inappropriate social behaviors. A recent study of the mentally retarded adolescents and young adults referred to Clackamas County Community Mental Health Program (Oregon) found that behavioral problems rather than psychiatric diagnosis was the major factor impeding successful functioning of this population (Grimm, 1979). Some of the problematic social behaviors identified were attention seeking, isolation, immaturity, high dependency, inactivity, lack of motivation, non-compliance, explosiveness, hostility, tantrums, aggression, open masturbation and promiscuity. This study also found that developmentally disabled adolescents and young adults tend to fall through the cracks and remain dependent citizens with severe social problems.

SOCIALIZATION OF THE PHYSICALLY DISABLED ADOLESCENT AND YOUNG ADULT

Not all developmentally disabled individuals have the same needs or share the same problems. The removal of architectural barriers has been one of the priority needs identified for the physically disabled. However, the

lack of social skills may present a greater barrier to community participation than the concrete barriers. Physically disabled adolescents and young adults share many obstacles to social skill development with the mentally retarded population. Some of the major ones include:

- Overprotection from risks or uncomfortable situations
- Limited opportunity to interact with peers
- Continued dependency on others
- Attitudinal barriers
- Limited opportunity for role experimentation
- Lowered expectations

Physically disabled adolescents and young adults have some unique characteristics. Many are of normal or above normal intelligence. Unlike the mentally retarded individual whose limited ability for abstract thought makes it difficult to appropriately use peers as role models, those with physical limitations can often learn social skills through the normal process of social experiences. These individuals are generally aware of their limited social exposure and consequent lack of social skills. Their self-concept is often affected by growing up "handicapped" or "different." Speech and hearing impairments may create additional difficulties in interaction. These adolescents and young adults will sometimes avoid or refuse to be placed in a social situation, regardless of the desire to participate, because of a fear of rejection and/or poor self-concept. Brier and Demb (1978) found that many of these adolescents rejected peers and held the belief that they would find older, more mature individuals who would understand them. Adolescents interviewed at CCD had a number of excuses for not socializing, such as too much homework, no one interesting in school or more important things to do. These youth were poorly prepared to deal with interpersonal situations. They tended to lack proficiency in having a conversation, joining in a group, decision making and understanding others. Difficulty with sharing, responding to teasing and dealing with interpersonal conflict were also evident. Their annoying and self-effacing behaviors in relationships that did develop often resulted in the early demise of these friendships. The unremediated deficits in the necessary skills and behaviors that are needed to lead effective and satisfying interpersonal lives, often result in adults beginning to date in the late 20's, if at all.

ADOLESCENCE IN THE DEVELOPMENTALLY DISABLED

Adolescence is a turbulent and confusing period of change and growth into adulthood. In school and in the community, with peers, family members and authority figures, the developing adolescent must cope with and master increasing complex personal and interpersonal skills. These include (Brier and Demb 1978):

- The attainment of emotional independence from parents.
- The establishment of a meaningful and stable identity.
- The development of a personal value system.
- The development of the capacity for lasting relationships and for both tender and genital love.

These steps toward adult functioning are closely related to interpersonal relationships. For instance, the adolescent usually becomes less emotionally dependent on parents by establishing an outside support system comprised of a best friend and a peer group. This peer group forms a highly complex social structure and testing ground for exploring both personal and interpersonal values and identity. In this transition the adolescent develops an ability to be close to and to participate in a special, exclusive relationship (Brier and Demb, 1978). The development of a sense of intimacy that results from the exclusive relationship of a best friend is a prerequisite for a mature adult love relationship, and an adult love relationship may not be truly attainable without this experience. The developmentally disabled adolescent's tendency to lack both a best friend and a peer group creates more obstacles to mastering the tasks of adolescence. Feelings of inadequacy, characterized by helplessness and dependency, often increase during this period. In addition to dramatic physical changes, such as the onset of menses and the development of breasts in females, the emergence of wet dreams in males and the growth of pubic hair in both, the adolescent encounters unfamiliar feeling toward the opposite sex and other physiologically triggered emotions. The body changes of pubescence may seem particularly strange and frightening to those who do not understand the changes or have a poor body image. The physically handicapped, in particular, may feel ashamed of their bodies and withdraw further from social contacts. Without intervention in the problems of social interactions and social behaviors encountered at this stage, there may be prolonged social immaturity.

SYSTEMATIC SOCIAL SKILL TRAINING

In recent years there has been a major thrust toward normalization of developmentally disabled individuals to enable them to function within the mainstream of society. Social skills are essential to normalization and independent adult functioning in the community. Social interaction skills, appropriate social behaviors and adaptive social skills are all needed to enable acceptance as a member of the group, to make friends and to participate in the mainstream. The recent film, "Being There," starring Peter Sellers poignantly depicts the positive impact of such social interaction skills as maintaining eye contact, listening and using appropriate pleasantries and key phrases. Although cognitively limited, the main character is elevated to a position of social importance primarily because of these skills.

Reduction of the present social isolation and maladaptive social behavior of handicapped individuals is not likely to occur without specific social skill training. There is increasing evidence that many developmentally disabled individuals will not develop social skills solely through the provision of opportunities to interact. Likewise, placing them in an integrated setting does not necessarily produce social interaction unless the social skills to interact according to society standards are present. Integration becomes meaningful only when it involves social interaction and acceptance within the social value system.

Many programs purport to develop social skills, but lack a systematic approach to skill development. They frequently assume that grouping people together will result in social development and, therefore, do not actively

facilitate this process. Specific intervention is generally programmed only for those individuals that manifest negative social interactions or inappropriate social behaviors consistently. Although an individual's overall pattern of social interaction may appear adequate, deficits in special interaction skills or maladaptive social behaviors are likely to develop without intervention. The learning and internalizing of appropriate social patterns and values must be fostered over time to ensure community integration. The Competence-Deviancy Model (Gold, 1978) states that the more competency a person has, the more deviancy is tolerated. Therefore, it is important to enable developmentally disabled individuals to obtain at least normative, if not super-normative, social interactive patterns and appropriate social behaviors. Socially integrated community involvement is only possible with these skills.

THREE-PRONGED APPROACH

Social skills evolve slowly over time in the non-disabled population. Developmentally disabled adolescents and young adults who lack these skills need systematic intervention. One of the biggest problems with social skills development programs is that behaviors that are developed and reinforced in one setting may not generalize or be reinforced in the individual's other settings (Walker, 1980). A truly effective approach must demonstrate social skills beyond the training setting and must prove to be enduring in the learner's real-life situation. A combination of training procedures are required to develop enduring social interaction skills and appropriate social behaviors.

The three-pronged training model for social skill development has been shown to be a particularly effective approach. This approach utilizes the interrelated techniques of behavior modification, instruction with discussion, and social practice through experiential exercises. The participant is shown numerous slides of individuals engaged in appropriate and inappropriate behaviors followed by discussion of the behavior. Social interaction skills, e.g. introducing self, are modeled. The trainee is given considerable opportunity and encouragement to rehearse or practice the desired behaviors through role playing, group exercises and specific recreation activities. Positive feedback, approval or praise is offered as the behaviors become more and more similar to those modeled and desired. Finally, the participant is exposed to real-life situations which are designed to increase the likelihood that the newly learned behaviors will be applied consistently outside of the training situation

Three particularly effective methods for social skill training — behavior modification, instruction with discussion and experiential exercises — are examined in detail in the following section. The nature of each and techniques that maximize their impact are presented. Although described individually, it is the combination of these methods which potentiates the success of this approach.

BEHAVIOR MODIFICATION

Behavior modification techniques are a commonly applied method for changing behavior. Most individuals who work with the handicapped are cognizant of these techniques. Additional knowledge and skills can be acquired through training programs and literature available in most communities. Therefore, this section will briefly describe the use of behavioral techniques only as it applies to the training model. The reader who desires greater detail on principles of behavior modification is referred to the work of Gardner (1971) and Kazdin (1975).

Positive reinforcement is the primary means of performance feedback utilized in the training model for social skill development. Three types of reinforcement are used: (1) material reinforcement, such as food or money; (2) social reinforcement, such as praise or approval from others; and (3) self

reinforcement, which is a person's positive evaluation of his/her own behavior.

Social reinforcement is emphasized in this model because such reinforcement has been shown to be particularly potent in affecting behavior change. This type of reinforcement gives informative feedback and also creates a positive feeling or affective feedback (Panda, 1971). It can be delivered without disrupting the behavior. In addition, attention, verbal praise and physical gestures of approval are natural types of reinforcers. For instance, in real-life settings, helping a friend elicits "thanks" or approval. To be successful, social reinforcement needs to be genuine and expressive, not matter of fact.

Effective social skill training must attend to other reinforcers, because social reinforcers alone do not always cause behavior change. For many, material reinforcement is a necessary base without which social reinforcement may be meaningless. In these cases, material reinforcers are paired with social reinforcers and eventually eliminated. Trainees also need to be assisted to become their own reinforcement suppliers, that is, move from extrinsic to intrinsic motivation, because many appropriate social behaviors and interactions go unnoticed, uncommented upon and unappreciated by others. Trainees who can evaluate and reward their own behaviors will be more likely to retain these behaviors in real-life settings. Thus, attention should be given to all three types of reinforcement.

TYPE OF REINFORCEMENT

In determining reinforcing events, it is important to be specific. Each person may respond differently to the three types of reinforcement outlined above. Certain types of reinforcers, such as approval, food, affection and money, have a high likelihood of being effective reinforcers, but are not rewarding to everyone. The individual's needs and past reinforcement history will affect the potency of an intended reinforcer. It is vital to respond to current needs and past reinforcement histories to optimally influence motivational conditions in a behavior program.

CONDITIONS OF REINFORCEMENT

A number of variables must be considered to maximize reinforcers. Several characteristics which enhance the effectiveness of reinforcers and permanence of the behavior follows (Goldstein, et al., 1980).

- Timing: Behavior change occurs most effectively when the reinforcement follows immediately after the desired behavior.
- Response Contingency: The contingent relationship or linkage between performance and reinforcement must be reflected in training procedures and made sufficiently clear to the trainee
- Partial (Intermittent) Reinforcement: Behaviors that are intermittently reinforced (at fixed times, such as the end of each class, at a fixed number of responses, such as every fifth correct response

- Amount of Reinforcement: With certain exceptions, the greater the amount of reinforcement, the greater the positive effect upon performance. (Excessive reinforcement, particularly of primary reinforcers such as food or liquid, can result in satiation.)

- Opportunity for Reinforcement: Behavior to be reinforced must occur with sufficient frequency that reinforcement can be provided. (Role playing and other experiential activities provide an excellent opportunity to reinforce behavior.)

Managing Disruptive Behaviors

In programs with developmentally disabled adolescents and young adults, there are always some individuals who will not cooperate or manifest disruptive behaviors such as temper tantrums, violent anger outbursts or bizarre forms of stereotyped behaviors. During the pilot programs of the model for social skill development, approximately 20% of the mentally retarded participants needed individualized behavior prescriptions. The following procedures were commonly utilized in the design and implementation of these programs:

- Identify and eliminate the causes of disruptive behavior.

- Withdraw social reinforcement for undesirable behavior by ignoring completely. (Not used with self-destructive or aggressive behaviors.)

- Interrupt the chain of events that lead to the situation so that the undesirable behavior does not occur.

- Condition an incompatible response or involve in an activity that competes with or does not allow the undesirable behavior to occur.

- Time Out in a designated area for 5 - 10 minutes.

INSTRUCTION WITH DISCUSSION

Often developmentally disabled adolescents and young adults do not acquire social skills because of a lack of opportunity to participate in social activities. Others have deficits in this area because they lack the abstract processes to learn through observation of everyday social interactions. Therefore, concrete information is needed to help these individuals understand basic concepts related to social behaviors and interactions. The instruction and discussion component of the training model for social skill development facilitates comprehension of the appropriateness of behaviors.

Basic social concepts must be presented in concrete behavioral terms before many developmentally disabled individuals can acquire appropriate behaviors. Therefore, the emphasis in the didactic approach is to develop a framework for social behaviors through the presentation of basic concepts. Some individuals with limited cognitive functioning need individualized programs before they can begin to comprehend basic concepts and develop appropriate behaviors. Such prescriptive individualized programs consisting of a behavioral objective, sequenced steps that are used to teach the objective specified

and to make friends or even to recognize who a friend is. Many developmentally disabled individuals will consider anyone who smiles or says "Hi" a friend. Others consider that their teachers, family members, bosses, or activity center/group home providers are their only friends. Therefore, teaching the concepts of family, friends, helpers, and strangers is important for establishing a basis for developing friendships. For teaching purposes, helpers are defined as people who develop a helping or serving relationship with the individual, such as a teacher, bus driver, policeman, group home provider, or a clerk in a store. Friends are generally peers and not family members, helpers, or strangers.

One method of teaching these concepts is to develop a picture packet for each participant. Each packet is comprised of photographs of the participant's family members, friends, helpers, and some photographs of people s/he does not know. Students should be able to correctly identify the category of each photograph in one of these ways: 1) by pointing to an appropriate photograph when asked to "Point to a family member/friend/helper/stranger;" 2) placing a picture under the appropriate label; or 3) verbalizing who is a friend/family member/helper/stranger. Other activities for teaching these concepts can be found in the Training Activities Section.

Modeling

A teaching method which is included in instruction with discussion is modeling or learning by imitation. The trainer models a certain set of behaviors allowing the participants to observe how they might appropriately handle a specific situation.

According to Goldstein et al. (1980), certain circumstances significantly affect the degree to which learning by imitation occurs. These "modeling enhancers" include desirable characteristics of the model, the modeling display, or the trainee (the observer). More effective modeling will occur when the model:

- Seems to be highly skilled or expert.
- Is of high status.
- Controls rewards desired by the trainee.
- Is of the same sex, approximate age, and social status as the trainee.
- Is friendly and helpful.
- Is rewarded for the given behaviors.

More effective modeling will occur when the display shows the behaviors to be imitated:

- In a clear and detailed manner.
- In the order from least to most difficult behaviors.
- With enough repetition to make overlearning likely.
- With as little irrelevant detail as possible.
- When several different models, rather than a single model are used.

More effective modeling will ocur when the person observing the model is:

- Told to imitate the model.
- Similar to the model in background or in attitude toward skill.
- Friendly toward or likes the model.
- Rewarded for performing the modeled behavior.

Because of some of the above considerations, some peer volunteers and siblings are useful as models in the program. Although Hutchison and Lord (1979) and others report that one of the most effective integration strategies is utilization of non-disabled peers as role models and tutors, a potential problem is that the non-disabled tend to socially interact with able peers and only interact with the other participants in a helping role. It is, therefore, important to provide orientation, training and supervision to non-disabled peers that are used as models.

According to Goldstein et al. (1980), modeling alone is not sufficient for long term change of behavior; even though research has demonstrated the effectiveness of modeling, the positive effects are often short-lived. A number of other techniques must be used concurrently to maximize the potential for transfer to the community. As a tool for enhancing old behaviors as well as teaching new behaviors, modeling has been found to be most effective when the participants are given opportunities to rehearse what they have seen, are provided with systematic feedback, and are encouraged in a variety of ways to utilize their new skill in real-life situations. Modeling teaches the participants what to do, but they also need to practice how to do it and also must understand why one should behave in a certain way as a next step.

Role Playing

A large number of developmentally disabled individuals, when put in a social situation, do not interact on their own or interact inappropriately. Role play enables participants who have not yet developed appropriate social skills to do so in a structured situation by practicing the modeled behavior under supervision. Kempton (1975) points out many benefits of role playing. Among them are included:

- It helps teach self-control.
- It promotes a better self-image because the participant has an opportunity to be successful and receive social reinforcement for his/her performan-e.
- It allows opportunities for interaction with others.
- It helps to distinguish between reality and unreality.
- It is an effective tool for teaching responsibility.
- It can be used to reinforce socially acceptable behavior and to explore consequences of irresponsible and inappropriate behavior.

Role playing is most effective when it is presented in a simple, concrete manner in the order from least to most difficult behaviors. Irrelevant detail should be minimized and repetition maximized to make overlearning likely. To insure success, role playing should begin with very simple situations, such as one person introducing him/herself to another person or one person paying a compliment to another person and that person responding by saying, "thank you." Each situation should be repeated until it is grasped by the participant.

In the introduction to role playing it is important to discuss what it means to pretend or to act the part of someone else and to make sure everyone understands the role play situation and the part s/he is playing. The trainer should describe the role play situation step by step and then check with the participants to make sure they understand who they are playing and what is supposed to happen in the scene. Props or costumes may be useful to make the role playing situation more real and concrete. Concreteness is particularly important for the cognitively lower functioning individual.

Goldstein et al. (1980) pointed out that these social interaction skills will occur and be lasting only if certain conditions or "role playing enhancers" are met. Some of these are:

- Choice on the part of the trainee regarding whether to take part in the role playing.

- Reward, approval, or reinforcement for enacting the role play behaviors.

The opportunity to role play and get attention or social approval from the group is often sufficient reinforcement for the higher functioning individual, while the lower functioning individual may need additional rewards.

Initially the situation should involve no more than two actors. First the trainers should model the situation demonstrating an appropriate social skill, such as introducing oneself to someone not known previously. Then a participant should imitate the behavior with another trainer and with any assistance necessary to insure that the behavior is appropriate. The assistance may be in the form of:

- Physical prompts: manually guiding the hand into a handshake or the head into a position so that eye contact is maintained.

- Specific instructions or verbal prompts: verbally telling the participant what s/he should be doing as s/he does the role playing. The prompt giver should be different from the person to whom the participant is introducing him/herself.

- Fading: the gradual removal of physical or verbal guidance as in slowly removing the hand from the head when trying to establish good eye contact until the prompt giver is only pointing at the eyes or giving no prompt at all.

- Doubling: a double is used for those with limited verbal skill and stands next to the participant and speaks for him/her.

- Reinforcement: physical gestures of approval or verbal praise should be provided contingent on successful approximations of the behavior.

Use of Physical Prompt

For example, in order to teach an individual to have good eye contact when meeting and greeting someone, the trainer may have to manually guide the head into a position so that eye contact is maintained. A verbal cue, e.g. "Look him in the eye" and praise may also be necessary for successful approximations of the behavior. As the individual begins to maintain eye contact when shaking hands with someone, the trainer gradually lessens the physical contact to just barely touching the chin and then to pointing at the eyes. This is often combined with verbal instruction. Reinforcement should be awarded immediately particularly when training individuals who do not imitate readily.

Fading the Prompt

After the participant role plays with a trainer, a more socially appropriate peer model can be utilized as the partner with the trainer supervising. The following step would be for two participants to role play the same situation with the trainer supervising. A step further would be to move the whole role play situation into real-life settings in the community to see if the participants can generalize from a structured environment to an unstructured one. To generalize the new skill to a real-life environment, it is helpful to have family members caregivers, or others who live and work with the participant to also model and reinforce the desired behavior. Use of the term "appropriate" when the participant exhibits the new behavior is additionally reinforcing.

Role playing is particularly effective for certain objectives, some of which are:

- To increase interactive behavior skills.
- To increase interpersonal communication skills.
- To increase appropriate social behaviors.
- To decrease vulnerability to community risks.

Some examples of role playing situations which can be utilized to meet the above objectives are:

- Introducing oneself to someone else.
- Introducing two people to each other.
- Introducing someone to a group of people.
- Asking a friend to do something with you by telephone or in person.
- Asking someone on a date by telephone or in person.
- Asking someone to dance.
- Complimenting someone and s/he responds by saying, "Thank you."
- Asking for the time at a bus stop.
- Asking for the location of a rest room.
- Asking for help when lost.
- Reacting appropriately when approached by a stranger on the street who says, "Would you like to come to my house?" and smiles.
- Reacting appropriately when a stranger says, "Hi, my name is Bill/Sue. I'll buy you something to eat."

Additional role playing situations can be found in the training activities section.

Of the four objectives, the most difficult to meet is to decrease vulnerability to community risks. One of the words that most individuals have a hard time saying is the word "no." Individuals want people to be their friends and the concept of stranger is difficult to understand. A method of presenting the concept of stranger is defining stranger as someone whose name is not known by the participant and defining friend as someone whose name you have known for a long time. In a role playing situation dealing with a stranger, it is important to reinforce that the participant understands the meaning of pretending. Utilizing a real stranger is best whenever possible, however, in many cases one trainer will have to pretend to be a stranger. Costumes and props could be helpful in making the situation more real and believable. If a participant responds inappropriately to an approach by a stranger, it is important that s/he repeats the role playing situation

until the appropriate response e.g. ignoring the stranger, is demonstrated. The following step, and a way to assess how well the behavior generalizes, is to arrange to have a person not known to the participant approach the participant in a real life setting, such as a social gathering, and invite the participant to leave with him/her.

If the participants are to gain insight from a role playing situation, each scene must be discussed and evaluated. The trainers can demonstrate both appropriate and inappropriate behaviors to handle situations. The group can make decisions about the behaviors and discuss how the characters might be feeling in order to help the participants become more aware of their own and others' feelings. The behavior that the trainers role play should relate to a behavior that one wishes to facilitate or inhibit in a participant. Only trainers should act out inappropriate behaviors because role playing a certain behavior reinforces that behavior.

Role playing situations can become quite complex with higher functioning individuals. Discussing the situation can provide participants with insights which can help clarify their values and can provide them with an ability to make choices which can lead to alternative ways of handling situations and to more responsible behavior. Some suggested role playing situations for higher functioning persons include:

- A man approaches a woman at a dance, asks her to dance, and then asks her to step outside and take a walk with him.
- On a first date, the boy wants to hold hands all the time and the girl feels uncomfortable about it.
- A girl is going steady and a male friend of hers asks her out on a date.
- A girl keeps approaching boys she doesn't know very well and calls them her "boyfriends."

Each of these situations should be role played first by trainers, then enacted by a combination of trainers and participants with a trainer supervising to make sure that the situation does not get out of hand. Discussion should concern various ways of handling each situation. The responsibility and feelings of the actors should be considered.

Summary

Methods to teach basic concepts of socially appropriate behaviors and to practice these behaviors have been presented in this section. Some techniques discussed include prescriptive programming, task analysis, using physical and verbal prompts, modeling and role playing. Developmentally disabled individuals need to know what they should do, how they should do it, and when and where that behavior is appropriate. These techniques are most effective when combined as much as possible with discussion at the participants' functional level. Developmentally disabled individuals are more likely to use new social

skills if they can make a responsible decision about why they should behave a certain way as well as have the skills to perform the behavior

EXPERIENTIAL EXERCISES

Social interaction skills can not be learned without experience and practice in these skills. However, opportunity to interact is not enough. A social activity does not foster socialization if the participants do not have prerequisite skills. Pat, who was introduced earlier, is a wallflower at dances and parties. She just watches the others, eats, or gazes into space. She does not know how to participate or how to ask someone to dance with her. Like many of her peers, she needs activities that are specifically designed and facilitated to enhance the development of social interaction skills.

This model utilizes a variety of experiential approaches to enable behavioral rehearsal and practice of social interaction skills. These include role playing, group games and recreation activities that require various levels of social interaction. The use of role playing has been examined in the preceding section. Explanations of the other two components follow.

Group Games

Structured games often require and can foster socialization. Because of this, they can be employed in an innovative educational process. The group games used in this model were specifically designed or modified to facilitate the development of social interaction skills. This approach is described by Redl and Wineman (1952).

> Practically all so-called social skills needed in any society can be translated into some game activities which combine the value of acculturation and socialzation with the experience of happiness and fun in the process.

Thus, games can be played for enjoyment while offering a worthwhile learning experience. The skills are developed at the very moment a person is having all the fun and excitement playing a game has to offer.

Characteristics of the Game

The type of games utilized in this model, primarily social recreation activities, such as starters, ice breakers, mixers, warm-up exercises and theater games. The games were created or adopted to meet objectives, such as learn the name of other participants, establish trust in group members, develop group consciousness and enhance self-concept. The games for the mentally retarded focus primarily on basic verbal and non-verbal interactions, whereas the exercises for those of normal intelligence focus more on self concept, decision making, trust in others and understanding others. The games are done in a small group or pairs, although learning is directed toward the individual in the group. Because the games are non-competitive, there are no individual winners nor chance of failure. Examples of games can be found in the training activity section of this booklet.

Conditions of Presentation

To maximize the learning potential of the group games, the trainer must clearly present the games and facilitate interaction. Some individuals need demonstration and physical or verbal prompts, while others can independently engage in the games. Because the stimulation of the activity may not be adequate reinforcement for the lower functioning mentally retarded individual, reinforcement techniques outlined in the behavior modification section may be needed to maintain participation. Praise, acceptance and a non-threatening environment create an atmosphere conducive to the development of social skills.

Recreation Activities

Recreation and play provide a laboratory of learning for practicing and experiencing social interaction skills. Cooperative play behavior between individuals leads to learning acceptable modes of socialization such as sharing and taking turns. The role of recreation as a mediator of social development has been summarized by Luckey and Shapiro (1974):

> Games with increasing complex rules and social demands further enhance children's social adaptation as they grow older and participation in clubs and organizations takes on increasing social importance during the school years .....Organized sports additionally provide young adults opportunities for personal achievement, while teaching rules of competition and the controlled expression of agression.

In addition, recreation can foster adherence to set rules, collaboration, empathy, and competition. These social traits are necessary for successful adjustment both in vocational performance and habilitation in the community.

Recreation has additional benefits for developmentally disabled adolescents and young adults. It can provide a means for overcoming or compensating for limitations. McDaniels (1971) found that greater participation in social activities can lead to increased social acceptance by non-handicapped peers and ensuing friendships. Social recreation is also normalizing, in that the type of recreation and most preferred by the non-handicapped involves affiliation (Neulinger and Rap, 1972). Thus, recreation provides a means for normalization and integration. Positive recreation experiences can create a feeling of well-being and increase self-concept so they want to interact with other people in the community. For those who are employed, recreation provides a worthwhile and necessary balance to work and work-related activities. In addition, recreation activities provide the stimulation needed to maintain an active interest in one's surroundings, in one's health, in social relationships and in work and life; such interest, in turn supports other maintenance, health and rehabilitation services, education and therapies. Most importantly, recreation can be creative, fun and inspiring.

Unfortunately, socially inappropriate or unacceptable behavior is often propagated by the lack of appropriate skill training and outlets for recreation. When activities are taught or offered, participants often have problems

with the activity, get into fights, or refuse to play because the social interaction skills required are too demanding for their current functional skills. Activities which require many social skills, such as competitive team sports, may be problematic for those who lack these skills. Pat, the wallflower, also had difficulty with competitive team sports. Because Pat is very good in physical activities, she was enrolled in Special Olympics basketball. She had difficulty not only in cooperation and sportsmanship, but in understanding the concept of group effort and accomplishment. After a successful game, she would say "I won," rather than "We won." Individuals like Pat need recreation experiences designed specifically to teach, facilitate and reinforce social interaction skills and appropriate social behavior starting at their present level of social functioning. Such systematic and planned use of recreation can provide practice in a real-life situation which will also have carry-over value in the community.

Levels of Social Interaction in Recreation

Social skills have a normal sequence of development through play and recreation. Babies initially interact with themselves playing with fingers and toes. This play has been called solitary-self or intra-individual. Then they begin to reach out and play with toys, such as mobiles or rattles. This is the solitary-object or extra-individual stage. The toddler starts to play with toys next to others without interacting — the parallel or aggregate stage. Interaction and cooperation with others in associative and cooperative play situations slowly emerges. The number of children that a child interacts with in these early stages is very small, ranging from one to four others. This stage of developing cooperation in a dyadic situation is ongoing and crucial to establishing future close relationships, e.g. friendships, marriage. The child begins to learn skills that are appropriate for competitive interaction.

As competitive skills emerge, the young child is very "I" oriented or egocentric and likes competitive one-to-one or inter-individual activities of the "I can do it better than you" nature. When competitive activities involve more than one other child, there is generally one child against the group or an It, i.e. tag — competitive antagonist or unilateral stage. Then the child plays in games where everyone is against everyone else — competitive groups or multi-lateral. The child eventually learns to work together for a mutual goal — cooperative team or intra-group. Thhs requires cohesion, compromose and the expression of positive feelings for one another. Finally, the child learns to compete on a team against other teams — competitive team or inter-group. There is increasing evidence that social skills at one level need to be mastered before skills at the next level can be acquired.

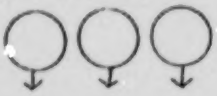
Understanding this progression is important in programming for developmentally disabled adolescents and young adults, because training in social interaction skills needs to start at the level where the individual is presently functioning. Although the end goal is interaction, it is sometimes necessary to start at non-interactive levels. An individual who only rocks, gazes into space, filters light or does autoerotic behaviors needs to be assisted in developing an interest in objects and manipulating these objects. Then, manipulation of objects next to others, parallel (aggregate) activities, can be encouraged. When interaction skills begin to emerge, the individual

will initially have difficulty relating to more than one person at a time. Gradually, skills to interact with up to four others emerges. A depiction of these interaction patterns and sample activities that require each social interaction pattern (Avedon, 1974) follows.

1. INTRA-INDIVIDUAL: Action taking place within the mind or action involving the mind and a part of the body
   - requires no contact with another person or external object
   - i.e., twiddling thumbs, scratching your nose

2. EXTRA-INDIVIDUAL: Action directed by a person toward an object
   - requires no contact with another person
   - i.e., jigsaw puzzle, solitaire, pogo stick jumping, knitting

3. AGGREGATE: Action directed by a person toward an object while in the company of other persons who are also directing action toward objects
   - action is not directed toward each other
   - no interaction between participants is required or necessary
   - i.e., bingo, roulette, watching a movie



4. INTER-INDIVIDUAL: Action of a competitive nature directed by one person toward another.
   - i.e., checkers, tennis, fencing, ping pong, wrestling

5. UNILATERAL: Action of a competitive nature among three or more persons, one of whom is an antagonist or "it"
   - interaction is in simultaneous competitive relationships
   - i.e., tag, dodge ball, black jack

6. MULTI-LATERAL: Action of a competitive nature among three or more persons, with no one person as an antagonist
   - scrabble, poker, monopoly

7. INTRA-GROUP: Action of a cooperative nature by two or more persons intent upon reaching a mutual goal
   - action requires positive verbal or non-verbal interaction
   - i.e., a choir singing, an orchestra playing, a group dancing the Hora

8. INTER-GROUP: Action of a competitive nature between two or more intra-groups
   - i.e., basketball, football, charades

FIGURE 1. Interaction Patterns

Studies of group process for individuals of normal intelligence have indicated that the optimum number for effective group interaction is between six and twelve. Therefore, large groups or other inappropriate social structures can actually hinder interaction and social skill development.

Characteristics of the Recreation Activities

It is neither possible, nor desirable, to list all recreation activities appropriate for this model. All types of recreation activities are utilized,

including physical activities, social activities, craft activities and table games. Activities must be chosen based on individuals in the group. Some considerations for activity selection include:

- Expressed or demonstrated interest. Problems of motivating participation are minimized by this approach. In addition, activities of interest are most likely to continue and transfer to the community.

- Compatibility with participant's cognitive and physical as well as social functioning level. In choosing activities, it is important to remember that the social component is only one part of what an activity demands from the participant. For example, a mentally retarded individual may have the social and physical skills to play checkers, but lack the decision making, planning ahead and abstract thought necessary for strategy. Such an individual would be better able to play a game of chance, e.g. Parcheesi, than a strategy game. Examples of how to do activity analysis can be found in the training activity section. In addition, references for books that show how to make adaptations and modifications to activities that enable recreation participation can be found in the selected bibliographies.

- Age and cultural appropriateness. Developmentally disabled adolescents and young adults need to be taught recreation skills in which their non-handicapped peers engage. This includes an examination of the availability of the activity in the community and economic feasibility of continued participation. Ceramics may be an age appropriate activity, but is not a good selection unless it is available in the community at a price the participant can afford. Selection based on this criteria will facilitate both normalization and integration. The chart on the next page is provided as an aid in selection of age appropriate activities at each social interaction level.

Bowling: Age Appropriate Activity Available in Most Communities at a Reasonable Price. Provides Opportunity for Socialization and Enjoyment.

SOCIAL COMPONENTS OF SOME AGE APPROPRIATE

RECREATION ACTIVITIES FOR ADOLESCENTS AND YOUNG ADULTS

	Social Levels	Number of Participants	Examples of Activities
NON-INTERACTIVE	Unoccupied Behavior (Intra-individual)	1	Daydreaming, individual prayer and meditation, auto-erotic behavior.
NON-INTERACTIVE	Solitary Independent (Extra-individual)	1	Jogging, yoga, fishing, cooking, listening to music, playing instrument, reading, collections, arts and crafts, plant and animal care, watching television alone, swimming, puzzles, sewing, solitaire, bicycling, kite flying.
NON-INTERACTIVE	Parallel (Aggregate)	2+	Bing, watching a play, crafts class, spectating at sports events.
INTERACTIVE	Competitive one-to-one (Inter-individual)	1:1	Checkers, chess, tennis, badminton, racquetball.
INTERACTIVE	Competitive one-to others (Multi-lateral)	2+	Swim match, target games (darts), table games (parcheesi, lotto, dominoes, monopoly), card games (war, war, poker, rummy).
INTERACTIVE	Cooperative team (Intra-group)	2+	Band and orchestra, choral groups, circle dances, group collage, theater groups, various clubs.
INTERACTIVE	Competitive team (Intergroup)	2+	Doubles tennis, bridge, team sports (volleyball, softball, basketball).

FIGURE 2

Manipulation of Inherent Social Demands of Activities

Once the inherent social interaction pattern required by activities is understood, the trainer can superimpose higher levels of social interaction on the activity. Therefore, the same activity can be used to facilitate social interaction at different levels. For instance, craft activities, such as macrame are usually done alone at home. However, an individual might be enrolled in a macrame class, creating a parallel (aggregate) activity which still does not require a true dyadic relationship. Scissors, beads and other materials can be arranged so that sharing and taking turns are required. When the individual is comfortable with this situation, the instructor may introduce social conversations between the individual and the trainer and gradually between the individual and other participants. Further cooperation (intragroup) may be introduced through a group macrame project to be hung on the multipurpose room wall. Competition (multilateral and intragroup) can be introduced through individual and group projects at a competitive art show. Another example is that aerobic dance can be solitary in nature by "doing your own thing," or parallel in nature by following the leader, or cooperative by dancing with a partner or competitive by having a dance contest. Further examples of social level progressions of activities can be found below. For the optimal

ACTIVITY

SOCIAL INTERACTION PATTERN	Table Games: Cards	Crafts: Collage	Entertainment: Reading	Music: Singing	Cooking: Baking	Animal Care: Dog Care	Collections: Post Card	Sports	
								Swimming	Volley Ball
INTRA-INDIVIDUAL				Singing in Shower				Swimming Alone	
PARA-INDIVIDUAL	Solitaires	Individual Collage	Reading Novel Alone	Playing Kazoo	Baking Alone	Walking Dog	Collecting Post Cards	Swimming after Fish	Practicing Serve Alone
AGGREGATE	Class in Solitaire	Individual Collage in Group	Reading at Library	Informal Chanting	Baking Class	Dog Obedience Class	Social Lounge	Swimming in Crowded Pool	Overhead Pass against Wall in Group Setting
INTER-INDIVIDUAL	Honeymoon Bridge	Comparing One Collage to Another		Couple Competing with Each Other	Duel Bake Off	Obedience Trial Duel	Collection Rivalry with One Friend	Underwater Swim against Friend	One on One Volleyball
UNI-LATERAL	Black Jack	Demonstration Collage Compared to Each Participants'		Efforts to Get Present Soloists Part	Prize Pie Judged against Others	Last Years' Champion against Others		Shark, Water Tag	Leader Takes on Each Player
MULTI-LATERAL	War, Rummy	Individual Collage	Poetry Reading Contest	Voice Contest	Bake Off	Dog Obedience Trials, Dog Show	Post Card Show	Marco Polo, Swim Meet	Hot Potato Overhead Pass
INTRA-GROUP	Double Solitaire (Double Golf)	Group Collage	Book Club, Study Group	Choirs, Glee Club	Bake Sale, Cooking Clubs	Dog Club	Post Card Interest Group	Synchronized Swim Team	Infinity Volleyball
INTER-GROUP	Whist, Bridge	Group Collage Contest	# Books Read by One Club vs. # Read by Other	Barbershop Quartet Competition	Competition between Clubs	Competition between Clubs	Clubs' Best Post Cards vs. Another Clubs	Synchronized Swim Meet	Volleyball Game

FIGURE 3: Sample Social Interaction Progression for Program Development

learning experience, the trainer needs to appropriately incorporate the behavior modification and teaching strategies previously outlined in this booklet.

Some ways in which recreation can foster both verbal and non-verbal interaction skills are presented above. Recreation activities are particularly effective for the development of non-verbal interaction skills. Many recreation activities have components which lend themselves to teaching and practicing these skills. For instance, activities that require touching another person, such as making plaster gauze masks (see Activity Section), emphasize appropriate touching. Helping others could also be fostered by this activity, if participants were required to cut gauze strips for each other. Cooperation could be encouraged by changing the rules of volleyball so that the goal is to keep the ball going as long as possible resulting in a collective score. Verbal interaction skills, such as asking someone to do an activity, are required by many recreation activities. Other verbal interaction skills can be practiced by changing the rules of the game. For instance, if the group were playing catch in a circle, each participant might be required to say the name of the person to whom the participant was going to throw the ball. Thus, the use of carefully selected and modified structured recreation activities provides an advantageous means to enhance social interaction skills.

The Social Lounge

Although the examples of activities presented previously are all structured, unstructured activities are an integral part of the model. Initiation, self-direction and decision making are social skills which are necessary for the independent pursuit of activities, as well as relationships. Therefore, opportunities to choose activities and initiate asking another person to join in must be provided as much as possible. A social lounge situation, where socially oriented equipment and materials are available and the area allows for a variety of simultaneous self-directed activities, can facilitate this process. Participants who do not lack basic social interaction skills often need to practice group decision making, problem solving, planning, and other more advanced skills. The trainer can also foster these skills in the social lounge. In effect the social lounge represents recreation areas found in the participants' home and assists transfer of learning.

The following guidelines are useful in skill development:

- A variety of tasks, skills, games, materials, or activities appropriate to home environments, must be offerred for the participants.
- The developmental range of the materials should include a variety of items that span the ability levels of all participants.
- Solitary materials, such as books, need to be minimized, while socially oriented equipment, such as table games, needs to be maximized.
- Materials should be as durable as possible to withstand the wear and tear of student use. Lamination, taping, etc. can help.

- Trainers should introduce participants to every component of the lounge and demonstrate its use.

- The range of behavior or activity acceptable in the lounge should be established ahead of time to help alleviate inappropriate behaviors.

- Trainers must encourage and reinforce the choice of activities and social interaction unobtrusively, as well as be a positive role model.

- Lounges should be planned so that they can be successfully implemented within the available space and facilities.

- Some means for record keeping should be prepared for the lounge.

Transfer of Social Skills

The main interest of any training program is not in demonstrating the skills in the training site, but how well the skills are performed in real life. This is sometimes called transfer of skills. Transfer occurs when an individual learns a skill, concept, or behavior in one situation and is able to apply it in another situation. Research has identified a number of principles to maximize transfer benefits. Principles upon which this model is built are outlined below (Goldstein et al., 1980; Mercer, 1979; Hutchison, 1978).

- Transfer increases when individuals become competent and confident in tasks. Practiced behavior or behavior that has occured most frequently in the past is likely to occur in the future when a similar situation arises. The higher the degree of original learning or overlearning, the greater the possibility of later transfer.

- Similarity of elements improve transfer from training settings to real-life application. Ideally, both the interpersonal and physical characteristics of the training and application settings should be similar. If possible, training should be done with others with whom participants will continue to interact in a real-life setting.

- Transfer increases when meaningful generalizations are developed. Positive transfer is greater when a variety of training stimuli, experiences and tasks are employed. The concept, skill or behavior to be transferred should be emphasized and verbalized.

- When the activities are meaningful and relevant for the participants, transfer is enhanced. Participants need to have opportunities to choose activities of interest to them which are age and skill appropriate.

- Entry into a new social situation is facilitated by the presence of a transition agent or person who can mediate the critical transition into the novel situation. To be effective, the transition agent must be an individual with whom the individual has formed a relationship. Preferably, the agent should be established in the situation so that

the agent can introduce the individual to others, legitimize the individual's presence and support the individual's efforts to function in the new situation.

Summary

Three particularly effective procedures for skill training — behavior modification, classroom instruction and experiential exercises — have been examined in detail. Combining these three procedures yields a much more effective approach to social skill training than any isolated technique. In applying these approaches it is important to consider the principles of transfer outlined. The social skills developed through the three-pronged approach can be broadly applied and will endure in the participant's real-life setting.

Transfer of Social Skills to Community Dance.

PROGRAM ORGANIZATION

The organization of the training model will be explained in detail in this section. Selection and grouping of participants, skills of trainers, organization of sessions, and setting are presented.

SELECTION AND GROUPINGS OF PARTICIPANTS

Each training group should consist of participants who are clearly deficient in the social skills to be taught. Homogenous groupings by disabilities and age, such as adolescent moderately mentally retarded or adolescent mildly physically handicapped with average intelligence, allow for some tailoring of the instructional methods to the shared characteristics of the group. The variance of abilities within such homogenous groups will also allow for the use of peers as role models and helpers. Since practice in as realistic a situation as possible is most beneficial, it is often useful to include participants of both sexes who have similar social worlds.

The optimal size of groups for effective social skills training varies from six to twelve, plus two trainers, depending upon the functional level of participants. In cases where it is necessary to apply the training in a larger group, e.g. regular-sized school class, it is desirable to conduct role-playing and other experiential exercises in smaller groupings. When there are two trainers, a teacher aide, student teacher or other adult who has been oriented to the procedures, the large group can be divided into appropriate sub-groups. Thus, the whole class would meet as a unit for the classroom instruction and discussion and then break into smaller groups for experiential exercises.

STAFFING

Because trainers must both lead and observe activities, a team of two trainers should facilitate sessions. Whenever possible there should be one male and one female trainer. One trainer can assist an individual to enact the social skill, while the other attends to the remainder of the group. Some groups may require additional aides to assist lower functioning individuals. Trainers and co-trainers may be teachers, social service workers, volunteers or even trainees themselves who are familiar with the model and have the following requisite skills:

- Flexibility and capacity for resourcefulness.
- Enthusiasm.
- Ability to work under pressure.
- Interpersonal sensitivity.
- Communication skills.
- Knowledge of developmental disabilities.
- Ability to develop behavioral programs.
- Ability to plan and present live modeling displays.
- Ability to analyze and adapt activities.
- Ability to initiate and facilitate experiential exercises.

- Ability to present material in concrete form
- Ability to deal with problems effectively.

NUMBER, LENGTH AND SPACING OF SESSIONS

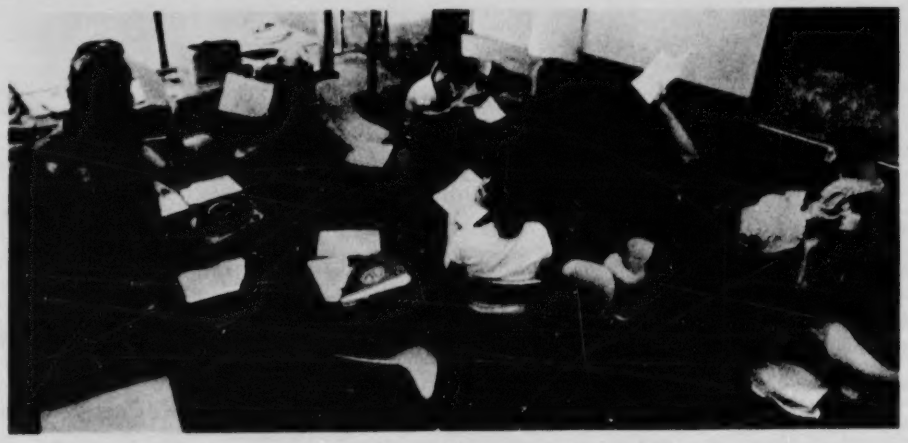
If possible, training should occur at a rate of at least once, but preferably twice a week. Spacing between sessions is critical to provide the opportunity to try, in real life, the social skills learned in training. The program and participants should be evaluated after approximately twelve sessions to determine effectiveness and future direction.

Session length should be determined by a number of factors, such as attention span, impulsivity, verbal ability, and other characteristics of participants. One to one and one-half hour sessions have proven optimal in most settings. However, if attention spans are very short, the session can be as brief as twenty minutes. In such cases, more frequent sessions are advisable.

THE SETTING

One major principle for encouraging transfer from the training setting to the real-life setting is the rule of similar elements discussed previously. Since not all elements can be identical to the real-life situation, available furniture and supplies should be used creatively. Several chairs can be pushed together to simulate a couch or a box can be a television set. Props and costumes make the experiential exercises more concrete for mentally retarded individuals.

Arrangement of furniture can further enhance the learning experience. The horseshoe or semi-circle formation is an excellent way to arrange furniture for the classroom instruction and role-play situations. It enables the trainers and role players to be seen by all participants while creating an inclusive environment. Some of the experiential exercises require a circle formation. In this case, the trainers are positioned as an integral part of the circle, preferably between participants who may need more assistance.



Arrangements for showing slides. Note co-trainer giving verbal prompt on far right.

ASSESSMENT OF SOCIAL SKILLS

In the past people within the same diagnostic category have been offered the same training activities. Activities have been selected for the overall needs of that category or group rather than for specific needs of the individuals within that category. Although this model is designed for a group setting, it advocates for meeting the unique needs of individuals within the group. The key to understanding the individual's needs and unique characteristics, which will in turn lead to appropriate placement in a group, is assessment. Assessment is necessary to determine objectives, training activities and facilitation techniques.

Assessment of social skills is not a simple process. It requires a multifaceted approach characterized by pre-assessment, on-going evaluation and post-assessment. Consistent with behavioral and learning theories, this model assesses social skill functioning within a behavioral framework.

Assessment and intervention are integrally related in this model. Assessment is ongoing, so that the training changes as an individual's performance changes. The pre-assessment techniques can also be utilized to evaluate how well the objectives have been met. Progress is only measured in relation to stated objectives and specific problem areas identified in the initial assessment.

There are many ways that behaviors can be assessed within a behavioral framework. Because a participant's social functioning may differ in various situations, more than one assessment is warranted. Three effective methods used in this model include an interview to obtain information about the participant's social behavior, direct observation of the participant's behavior and behavioral checklists/rating scales that inquire into social strengths and weaknesses. This section presents an indepth examination of these assessment techniques.

THE RECREATION-SOCIAL-SEXUAL INTERVIEW

The interview is a useful pre-assessment tool for gathering information about the participant's social behavior which will aid in selection, grouping and development of objectives. In order to develop an appropriate individualized program for the development of leisure and social-sexual knowledge and skills it is necessary to obtain information about the individual's present utilization of time, knowledge, skills, and interests. If conducted by a trained person, the interview has a high degree of validity and reliability for broad assessment. "The Recreation-Social-Sexual Interview Schedule" is a screening tool that has been developed for use in this model to obtain a basic recreation-social-sexual profile of developmentally disabled adolescents and young adults (Coyne and Mock, 1979). The information needed to assess the individual and develop a profile must be kept in mind. When the necessary information cannot be gathered from the individual due to a lack of expressive language or cognitive problems, the interview can be adapted for use with a

parent, teacher or significant other. An interview with the person(s) familiar with the participant's behavior is generally necessary for supplemental information and verification of data given by the participant.

Interview Techniques

An environment characterized by privacy, freedom from interruptions and a general atmosphere of calmness and warm acceptance facilitates establishing rapport and carrying out an effective interview. The interview schedule suggests a format for collecting the necessary information during a direct interview with the individual. Generally, the natural flow of the interview will cause the interviewer to ask questions in a slightly different manner or different order than that presented in the interview schedule. One question may generate the answer to several others. As a general rule, open ended questions get the most spontaneous and extensive responses. However, as cognitive levels decrease a shift to a multiple choice format may be needed. Previous information about the individual's activities can be used as a base from which to ask questions. Yes and no questions should be avoided as much as possible.

Interview Schedule

The Recreation-Social-Sexual Interview Schedule is divided into four sections and takes approximately 60 minutes to administer (See Figure 4).

- Section I. The interview begins with structured demographic questions which require a concrete rote response. The questions provide some information about survival skills while allowing the interviewer to make some judgments about cognitive level and the best way to approach the individual. They also allow the interviewer the opportunity to get used to any unusual speech pattern.

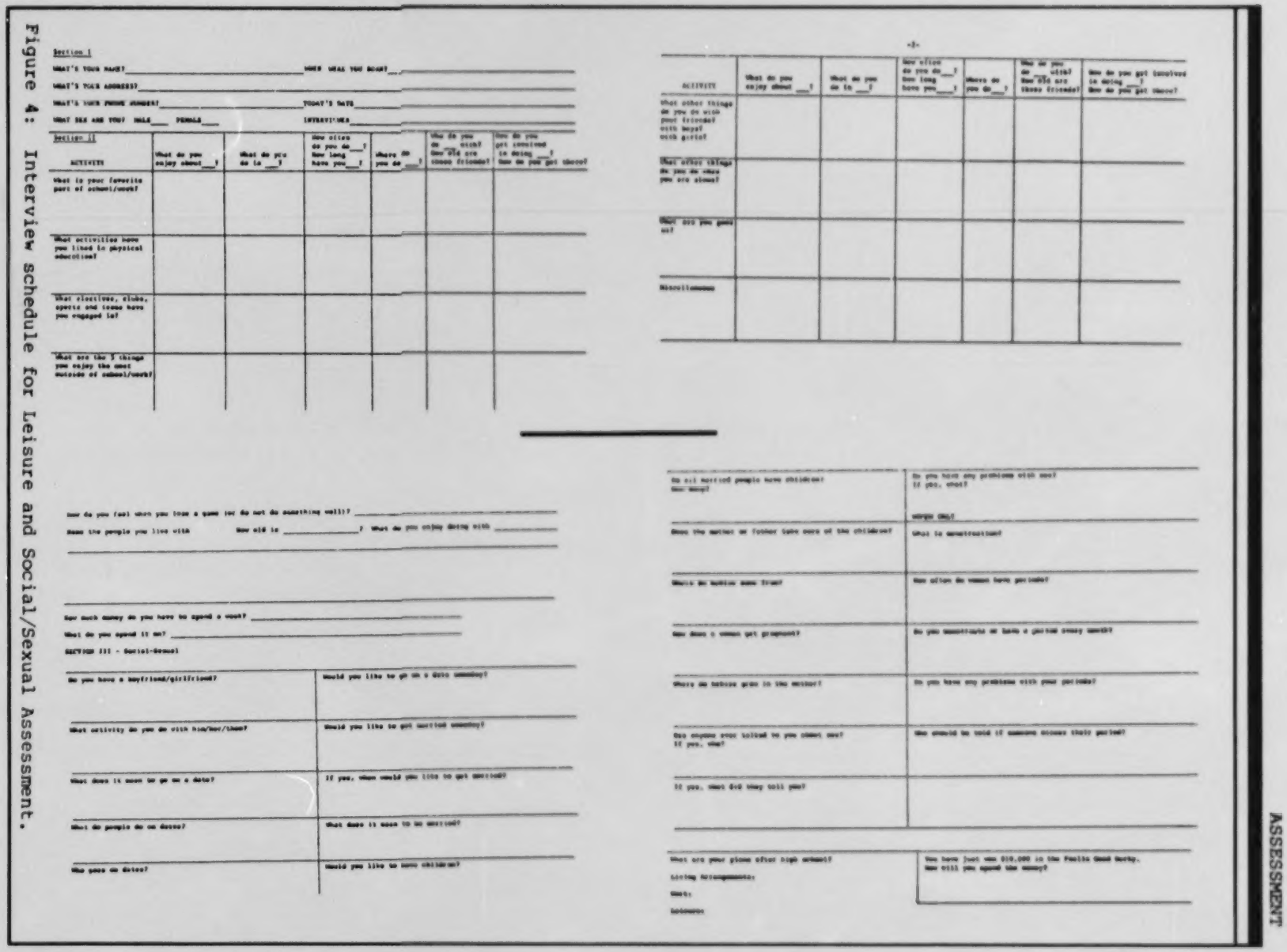
- Section II. This section provides a profile of the individual's recreation and social interaction pattern. To identify and assess needs, it is necessary to note deviations from an ideal pattern, which is self-initiated, balanced, has variety, and meets personal needs. Such a lifestyle is characterized by knowledge and understanding about personal and community recreation resources, skills for recreation participation, social interaction skills, personal interests and values relating to recreation, and decision-making ability. Determining what a person likes about an activity can provide information on reinforcers that might be useful in the program. It can also help avoid making erroneous assumptions about the type of activity a person enjoys. For instance, a person may like hiking and cross country skiing because it provides quality time with a special person rather than because the participant likes the outdoors or physical activity. What a person actually does in an activity is important to assess because it indicates skill level. For instance, if an individual reports that he/she plays basketball it could mean throwing a ball in the air and catching it, bouncing it, throwing it into a basket, playing Horse with one or more peers, playing an adapted game of basketball, or playing regulation

basketball. All of these represent different levels of recreation and social interaction skills. It can also indicate their role in a group e.g. follower, aggressor, or leader. The frequency in which a person participates in an activity can suggest amount of interest, opportunity and other variables. The place where a person recreates can indicate knowledge of community and personal resources, type of program and facility preferences. For instance, it may develop that a person likes to swim only at lakes and rivers because he/she does not like chlorine, crowds or being restricted. Identifying friends and the ages of these friends supplies further information about social interaction patterns during recreation. Some individuals do not have a concept of age comparison and do not know if a friend is younger, even if the friend is five or more years younger. How an individual gets involved in an activity helps determine self-initiation, motivation, and awareness of resources. How a person gets to an activity gives information about mobility independence. What a person feels that he/she excels in indicates perceived strengths and self-concept. Special products used for grooming can indicate basic personal hygiene practices as well as the age and cultural appropriateness of these practices. Areas of particular problems may be expressed and recorded under miscellaneous.

- Section III. This section gives some samples of questions which are designed to assess an individual's knowledge of sexuality as well as examining personal attitudes and interests related to social-sexual behavior, such as dating, marriage and parenting. From the affect of the individual when answering these questions the interviewer can identify overall knowledge and attitudes about sexuality and how these might affect social behavior.

- Section IV. The purpose of this section is to discover whether the individual has considered future plans and whether these plans are realistic. The final question provides some additional information on what a person values and would like to get out of life.

Figure 4: Interview schedule for Leisure and Social/Sexual Assessment.



Section I

WHAT'S YOUR NAME? _____ WHEN WERE YOU BORN? _____

WHAT'S YOUR ADDRESS? _____

WHAT'S YOUR PHONE NUMBER? _____ TODAY'S DATE _____

WHAT SEX ARE YOU? MALE___ FEMALE___ INTERVIEWER _____

Section II

ACTIVITY	What do you enjoy about ___?	What do you do in ___?	How often do you do ___? How long have you ___?	Where do you do ___?	Who do you do ___ with? How old are those friends?	How do you get involved in doing ___? How do you get there?
What is your favorite part of school/work?						
What activities have you liked in physical education?						
What electives, clubs, sports and teams have you engaged in?						
What are the 3 things you enjoy the most outside of school/work?						

-2-

ACTIVITY	What do you enjoy about ___?	What do you do in ___?	How often do you do ___? How long have you ___?	Where do you do ___?	Who do you do ___ with? How old are those friends?	How do you get involved in doing ___? How do you get there?
What other things do you do with your friends? with boys? with girls?						
What other things do you do when you are alone?						
What are you good at?						
Miscellaneous						

How do you feel when you lose a game (or do not do something well)? _____

Name the people you live with How old is _____? What do you enjoy doing with _____

How much money do you have to spend a week? _____

What do you spend it on? _____

SECTION III - Social-Sexual

Do you have a boyfriend/girlfriend?	Would you like to go on a date someday?
What activity do you do with him/her/them?	Would you like to get married someday?
What does it mean to go on a date?	If yes, when would you like to get married?
What do people do on dates?	What does it mean to be married?
Who goes on dates?	Would you like to have children?

Do all married people have children? How many?	Do you have any problems with sex? If yes, what?
Does the mother or father take care of the children?	What is menstruation?
Where do babies come from?	How often do women have periods?
How does a woman get pregnant?	Do you masturbate or have a period every month?
Where do babies grow in the mother?	Do you have any problems with your periods?
Has anyone ever talked to you about sex? If yes, who?	Who should be told if someone misses their period?
If yes, what did they tell you?	

What are your plans after high school?

Living Arrangements:

Work:

Leisure:

You have just won $10,000 in the Pacific Coast Derby. How will you spend the money?

DIRECT OBSERVATION OF SOCIAL INTERACTIONS

In the past decade behavioral observation has become an increasingly favored method for assessment of social behaviors and skills, because these direct observational methods have the advantage of providing concrete and specific data. In addition, it indicates knowledge of both what the individual can do and what he/she chooses and initiates doing with some frequency. Social behaviors observed during free-time are usually well-learned and require no intervention. Therefore, baseline data on an individual's social level can be coded during several consecutive free periods in a large multipurpose area which allows for a variety of simultaneous, self-directed activities. This approach expands the use of the social lounge concept described under Experiential Exercises (p. 17), and offers individual assessment in a group setting. Thus, it can be easily integrated into the program and used from baseline to post-test provided that the conditions and procedures employed are identical. In order to show that a change in the participant's behavior did or did not occur, materials, environment, peers and observers should be constant.

Materials

Materials and recreation equipment used should be age appropriate and representatives of those commonly found in school and home environments. There should be at least six different things which would provide variety and an opportunity for all levels of social interaction. For example, where a magazine would provide an opportunity for solitary (extra-individual) activity, the presence of a rubber ball would complement that by providing the opportunity for cooperative interaction (inter-individual). The following are examples of materials utilized in the social lounge:

- Scissors
- Colored paper
- Crayons
- Magazines
- Macrame cord
- Parcheesi
- Yahtzee
- Checkers
- Cards
- Hammer
- Screwdriver
- Nails, screws, boards
- Records
- Record Player
- Nerf ball
- Frisbee

Participants

A group of 6 - 12 participants is desirable in most cases. Similar age, size and overall functional levels of participants are facilitative. Participants who are known to engage in cooperative activities should not be paired exclusively with peers who do not interact, because there would be no opportunity to demonstrate interactive skills.

Environment

A multipurpose room or similar area which allows for a variety of simultaneous activities should be used. The location should be controlled to stabilize conditions that might effect behavior, e.g. interruptions and other distractions. The area should be clear of superfluous objects. The materials should be

placed randomly around the room. An area conducive to table activities as well as one for physical activities should be arranged.

Staffing

Observers/coders and trainers are in the social lounge. One or two trainers or other adult(s) introduce the free choice situation. The subsequent role of the trainer(s) or other adult(s) is to avoid directive remarks while facilitating exploration and interaction. For lower functioning individuals, facilitation involves describing what a participant is doing, reinforcing appropriate behaviors with physical and verbal expressions of praise, and modeling. The adult(s) should avoid direct participation in an activity unless involvement is requested by a participant. The role of observers follows.

Observers

Observers can be trainers, parents, volunteers or others who are trained to use the code sheet. A one-to-one ratio of observer to participant is most desirable. Observers should place themselves where they will be least noticable yet can see and hear behaviors of participants. If a participant approaches and seeks attention, the observer should ignore and not make eye contact with that participant. Likewise, the observers should not alter the environment once the observation has started. It is important to use paired observers at least periodically, to check for observational reliability.

Coding Observations

After participants have entered the social lounge, they should be introduced to the setting and materials and given at least five minutes to adjust to the environment. Explanations should be given that this is a free period and that participants can choose to do whatever they would like to do. In addition, limits should be set for unacceptable behaviors. Observations of behaviors are recorded on the Social Interactions. Code Sheet (See Figure 4) for four consecutive five minute intervals. Each five minute interval is marked by a sound made by a designated time keeper-observer initially four to six observation sessions are to be done. Three areas are covered in coding: social level, social interactions and activity involvement.

Social Level

Changes of social interaction levels occurring during any five minute period are included in the area provided for that interval. They are coded as follows:

- Watches others. The participant exhibits no behavior other than as an onlooker. The participant is obviously aware of others and is observing them.

- No activity (Intra-individual). The participant demonstrates unoccupied behavior, such as staring into space, or self-stimulative activity such as rocking. Characterized by no contact with another person or external object.

- Plays alone (Extra-individual). The participant plays alone and independently with an object that is different than those used by peers within speaking distance and does not interact. If physical manipulation is accompanied by eye contact, the behavior falls into this level.

- Play beside peers (Aggregate). The participant approximates the actions of one or more peers, but does not interact with them. The objects used may be identical, but there is no dependence on the action of others to sustain the activity.

- Interacts with peers in play (Associative). The participant interacts with other participants concerning an identical or similar activity. There is borrowing and loaning of equipment.

- Engages in cooperative activity (Cooperative). The participant mutually interacts with other peers in sustaining an activity. The activity can not continue without cooperation between participants, e.g. playing catch or checkers. Activities can be inter-individual, unilateral, multilateral, intragroup, or intergroup.

Social Interactions

All social interactions during each five minute interval are recorded in the area for that interval. It identifies whether the participant interacts with adults and/or peers, initiates and/or responds to social interactions and has brief interactions or continues to interact. The area entitled interacts with adult only is peculiar to multihandicapped individuals who need more assistance interacting than a peer is able to provide. Such participants generally play associatively and/or constructively with adults on a one-to-one basis. This category could be considered as a social level that precedes associative interactions with peers.

Activity Involvement

Behavioral anecdotal notes are recorded during each five minute interval. The objects and other participants involved, where in the lounge behavior occurred, and specific behaviors performed are described in detail. This area supplements the information on social level and interactions and provides useful data for program development such as objective preferences, peer preferences, skill level, attention span, self-initiation, or inappropriate social behaviors. Five minute intervals are necessary to identify activity intent. For instance, it would be easy to assume that a participant who picks up a table game, such as checkers, takes it to a table, opens the box and places the board on the table next to a peer is going to play checkers with the peer (inter-individual); however, during the five minute period the participant may ignore the peer and stack the checkers in different ways (extra-individual).

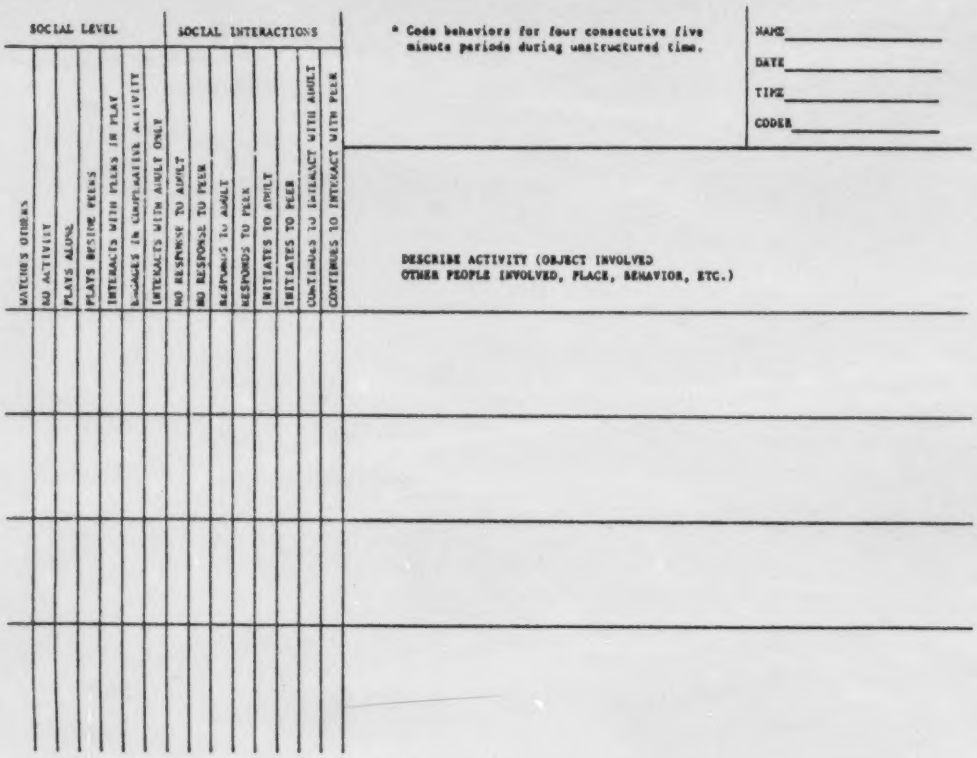


Figure 5: Code Sheet for Social Interactions (Adapted from Play Code by D. Golden, Ph. D.).

The data collected from successive sessions can accurately represent the social interaction level that the participant has mastered, what skills are emerging, and the variables that facilitate the emerging skills for that particular participant. Having the social lounge interfaced into the overall program can simultaneously provide ongoing assessment and social skill development.

BEHAVIORAL CHECKLISTS AND RATING SCALES

Another method of collecting data about social behaviors is through behavioral checklists or rating scales. Parents, teachers, group home workers or other person(s) familiar with the participants behavior respond to written questions about social skill weaknesses and strengths. Items on checklists should be as behaviorally specific as possible rather than global so that the answers given are not entirely subjective. Examples of checklists and rating scales with social skills components, which are appropriate for developmentally disabled adolescents and young adults, can be found in the bibliography section of this booklet. Appropriate checklists can be developed from behavioral objectives designed for social skill development, such as those in the next section.

The advantage of the development of checklists from objectives is that it provides a criterion-referenced test and measures the specific competencies for which the program is designed. Thus, it might be used as a pre and post instrument.

SUMMARY

The multi-faceted approach to social skill assessment presented in this section provides cross-verification of entry skills, skill improvement and terminal performance. It forms a solid base from which to develop program content and instructional strategies that will best facilitate the individual's development of social skills and forms a basis for accountable programming.

SKILLS AND ACTIVITIES

Thus far this booklet has examined how the Three-Pronged Approach to Social Skills Training is planned, organized and conducted. The remainder of this booklet is concerned with the specific social skills addressed in this model, objectives, and sample training activities.

SOCIAL SKILLS

This model is directed toward the development of social skills which will enable the participant to function in a normative manner in the community's social systems. It provides training in social interaction skills and appropriate social behaviors which have been identified as necessary for successful functioning in school/work, at home with peers and in the community-at-large. The social skills fall broadly into three categories: 1) Interactive Behavior Skills, which are primarily non-verbal, 2) Interpersonal Communication Skills, which require verbal interactions and 3) Appropriate Social Behaviors, which are related to social norms. The order in which the skills are listed under each category reflect, as much as possible, a progression.

Interactive Behavior Skills

The participant will:

Independently engage in activities next to others;

Share recreation equipment and take turns;

Wait his/her turn whenever necessary;

Engage in cooperative activities with others;

Actively participate in competitive games;

Work as a member of a group to accomplish tasks;

Play as a member of a competitive team;

Give assistance to others who may need or want it;

Maintain eye contact during conversations;

Participate in activities using public facilities, such as bowling, roller skating, and dances, as a member of a group

Participate in clubs, classes, and events sponsored by community groups such as Scouts, 4-H and garden clubs.

Interpersonal Communication Skills

The participant will:

Introduce himself/herself to others;

Accurately name others in group;

Initiate interaction and activities with others;

Introduce other people to one another;

Start a conversation with appropriate social amenities;

Compliment others on something bout them or their activities;

Express affection for those he/she cares about;

Listen when someone is talking and try to understand what is being said

Talk to others about things of interest to both of them;

Appropriately negotiate entry into an ongoing group or activity;

Appropriately ask someone for a date by telephone or in person;

Appropriately accept or reject social invitations by strangers and friends;

Appropriately ignore an inappropriate approach by a stranger;

Visit friends and relatives;

Respond to teasing, rejection and/or criticism without loss of control or aggression;

Express negative feelings in a rational manner;

Compromise when necessary, or otherwise deal with interpersonal conflict;

Deal with losing with sportsmanship;

Make effective decisions after considering possibilities.

Appropriate Social Behavior

The participant will:

Follow instructions and adhere to rules;

Locate appropriate public restroom (male or female);

Treat equipment appropriately and respectfully;

Store equipment in assigned places;

Dress appropriately for the activities and weather;

Demonstrate situationally appropriate behaviors;

Make situationally appropriate physical contact;

Identify public and private places, e.g. living room vs. bedroom;

Identify appropriate behaviors in public and private places, e.g. masturbation in bedroom;

Identify inappropriate behaviors, e.g. hitchhiking, looking in windows.

OBJECTIVES

Since participants vary greatly in functional levels and abilities, the skills have been written in general terms. Personnel interested in fostering appropriate social behaviors and social interaction skills in developmentally disabled adolescents and young adults must first decide where to begin with an individual based on the assessment of social skills explained in the preceding section. Many social interactions require skills from all three categories. For instance, introducing himself/herself (interpersonal communication) also requires maintaining eye contact (interactive behavior) and sometimes physical contact by shaking hands (appropriate social behavior). The assessment will help in determining training strategies as well as short term and long term objectives. Lower functioning individuals may need instruction in each of these skills before combining them, while some individuals will already have one or more of these skills. It is important to have basic mastery of one skill before progressing to the next skill. It may take six weeks or more for a lower functioning person to learn to introduce another person.

Satisfactory performance can be measured when behavioral objectives are established. The behavioral objectives should contain the kind of behavior which evidences achieving the objective (terminal behavior), conditions under which the behavior is expected to occur (conditions), and levels of acceptable performance (criteria). The following behavioral objective for maintaining eye contact was appropriate for Pat: While introducing herself in a

role play situation, Pat will keep her head up and look directly at the face of the trainer four consecutive times. The criteria, condition or behavior can represent various levels of mastery. For instance, "Pat will initiate asking someone to do something with her in four consecutive social lounge periods" is more difficult then, "Pat will appropriately ask someone to do something with her in four consecutive role play situations." In the first example Pat is required to do something in an unstructured situation, while in the second, she is required to perform in a structured situation. The final goal would be for Pat to demonstrate this behavior independently in the community.

When determining the behavioral objective and training activities it is important to carefully consider the essential characteristics of an activity, what skills are needed to participate, its potential benefits to participants and modifications that might be necessary for individuals to participate. Some social demands of an activity that should be examined are: 1) the interaction pattern; 2) the number of participants; 3) the role of the participants; 5) the type of interaction (verbal or non-verbal) and sociability. In addition, demands in the physical and cognitive domains must also be identified.

Activity Analysis

An effective way to analyze activities, benefits and adaptation is included in this section. The form used was developed by the Workshop Planning Committee of the Portland Metropolitan Therapeutic Recreation Chapter. The descriptors and prescriptors are taken from the Recreation Battery Inventory (Berryman, 1976). The list of benefits have been adapted from materials by Bach and by Coyne. Two categories of benefits are identified: 1) those that are tangible and can be measured; and 2) those that are intangible and are difficult to quantify. The adaptations presented are adjustments made to activities or equipment which ensure that the activity is suited to the interest, capacities and limitations of persons with certain types of disabilities. These are categorical adaptation suggestions and, therefore, will not be appropriate to all of those in that category. Two examples of training activities with activity analysis, benefits and adaptations follow:

Name of Activity: Conversation Circle

Objective: The participant will appropriately introduce self (and, for higher functioning, start a conversation) in a game situation on command.

Procedure:

1. Trainer introduces rules of game in simplified manner.

2. Trainer models desired game behavior with co-trainer(s) and/or peer models.

3. Participant actively participates in Conversation Circle.

Directions:

Two circles facing each other. Gentlemen are on the inside facing out. Ladies are on the outside facing in. Both circles move to their right, in time with the music. When you stop the music, those facing each other shake

hands and introduce themselves and talk about a topic assigned by you until the music starts again. Anyone without a partner moves to the center of the circle to find one. The game continues until each player has met ten to twelve people. You should be prepared with a list of topics pertaining to the theme or of interest to the group.

Trainer's Notes:

1. Demonstrate rather than explain as much as possible.

2. Provide physical and verbal cues or prompts for participants as needed.

3. Begin with introducing self, then progress to learning other person's name.

4. For lower functioning participants progress over time to concrete conversation starter, e.g. "Tell your friend something that you like to do."

5. Have high staff participant ratio for the lower functioning participant.

Name of Activity: How Do You Like Your Neighbor?

Objective: The participant will accurately name other participants in a game situation.

Procedure:

1. Trainer introduces rules of the game appropriate for the group.

2. Trainer models desired game behavior with co-trainer and/or peer models.

3. Participant actively participates in How Do You Like Your Neighbor?

Directions:

The players are seated in a circle with "it" standing in the center. There are just enough chairs for those seated and none for "it." "It" approaches one of the players and asks, "Who are your neighbors?" If the seated player cannot name them correctly before "it" counts to ten, she becomes "it." If the seated player does name them, "it" asks further, "How do you like _____?" Naming one of the player's neighbors. If the reply is "all right," everyone shifts one seat to the right; if it is "all righteous," they all shift to the left; if the reply is "just fine," everyone shifts anywhere he or she pleases. If the answer is "Not at all," then the leader asks "Whom do you like?" The seated player gives the names of any two people in the circle, for example, "I like Mary and Joe." Mary and Joe must then change places with those next to the player being questioned. "It" tries to get one of the chairs vacated by Mary and Joe during the shifting.

ACTIVITY ANALYSIS FORM
Metro T.R. Chapter 4/80

NAME OF ACTIVITY Conversation Circle

DESCRIPTORS	
1. General Category	Social Mixer
2. Participants	20 or more (equal number of males and females)
3. Activity Structure	Structured, semi-active, simple rules, bi-lateral, short duration
4. Social Structure	Cooperation, sociability, still void of competition, creative expression, inclusion
5. Formation Required	Circle
6. Levels of Participation	One-to-one within group
7. Role	Equal participant, non-agressive
8. Amount of Physical Contact	Frequent
9. Age Appropriateness	High school age, adult
10. Energy Expenditure	Light

PRESCRIPTORS	
1. Sensory Domain	Visual location
2. Cognitive Domain	Following auditory activity signals/symbols/directions, oral communication - unstructured.
3. Perceptual Motor	Horizontal locomotion, directionality

BENEFITS	
1. Tangible (measurable)	Verbalization
2. Intangible (non-measurable)	Cooperation, sharing, social interaction, interpersonal relations, awareness of others, self concept enhancement

ADAPTATIONS	
1. Mentally Retarded	Limit size of group. Limit number of participants interacting simultaneously. Demonstrate rather than explain as much as possible. Provide physical and verbal cues or prompts for participants, as needed, and praise all efforts. Begin with introducing self and learning other person's name and progress over time to concrete subject, e.g. "Tell your friend how you got here today". Have high staff - participant contact.
2. Emotionally Disturbed	EMR and TMR only. Limit size of the group (8-14). For those in an acute psychotic episode focus on topics related to reality orientation and offer high staff-participant contact. For character disorders focus on using this to enhance communication skills (listening and speaking). For the chronic population suggestions under the mentally retarded may apply.
3. Physically Disabled	Place individuals who cannot independently mobilize on the inside of the circle facing out and "move" to music. Have individuals who can ambulate or push their own wheelchair move around the outside of the circle. Adjust topic to cognitive level of participants. If participants cannot vocalize, focus on non-verbal communication, e.g. how to let someone know you are friendly.
4. Senior Citizens	No adaptations may be necessary. Some senior citizens would respond well to topics around the theme of "The Good Old Days". Others may benefit from topics related to reality orientation. See listings under other categories that may apply.

Figure 7: Activity Analysis Form ("Conversation Circle")

ACTIVITY ANALYSIS FORM
Metro T.R. Chapter 4/80

NAME OF ACTIVITY How Do You Like Your Neighbor?

DESCRIPTORS

1. General Category	Social Mixer
2. Participants	6 to 12
3. Activity Structure	Structured, semi-active, complex rules, time limits, short duration
4. Social Structure	Competition, skill and chance, sociability, inclusion
5. Formation Required	Circle
6. Levels of Participation	One-to-others
7. Role	Leader/follower, non-agressive
8. Amount of Physical Contact	Mode
9. Age Appropriateness	Grade school, high school, adults
10. Energy Expenditure	Light

PRESCRIPTORS

1. Sensory Domain	Visual location
2. Cognitive Domain	Following auditory activity signals/symbols/directions, oral communication - structured
3. Perceptual Motor	Horizontal locomotion, vertical locomotion, directionality, body image

BENEFITS

1. Tangible (measurable)	Attention span, self control, spatial awareness, verbalization, memory retention
2. Intangible (non-measurable)	Challenge, social interaction, body image enhancement, awareness of others, competition

ADAPTATIONS

1. Mentally Retarded	Limit number of participants. In the beginning respondent may be required to name two neighbors. The length of time allowed for response should be increased. The recreation leader should be "It" until other participants can model the behavior. Play first just naming neighbors and add one rule as participants demonstrate understanding of the game. EMR and TMR only.
2. Emotionally Disturbed	May be played without adaptations depending on contact with reality, degree of confusion, etc. This activity may be too stimulating for some and increase tension. The chronic population may need many of the modifications listed for the mentally retarded.
3. Physically Disabled	Individuals who can ambulate or push own wheelchair could move from circles on the floor rather than from chairs. Individuals who cannot independently mobilize, but had basic hand function could pick up large pegs or nerf balls from a table that they were all seated around. Individuals who cannot vocalize can point to responses on a language board or other type of communicator.
4. Senior Citizens	May be played without adaptations depending on health problems. See above suggestions for ideas related to health problems.

Figure 6: Activity Analysis Form ("How Do You Like Your Neighbor?")

Trainer's Notes:

1. Demonstrate rather than explain as much as possible.
2. Provide verbal cues, as necessary.
3. Increase the length of time allowed for response as needed.
4. Trainer plays "It" until other participants can role play.
5. Play first just naming one or two neighbors.
6. Progress, overtime, to naming whole group.
7. Add other components of game as participant is ready.

Training Activities

There are numerous activities that can be used to develop the social skills addressed in this model. Sample activities that can be used to train developmentally disabled adolescents and young adults in these skills are included in this section. Examples for all the social skills are not provided. Some social skills, e.g. adhere to rules, is inherent in most of the activities and therefore, no specific activity is presented for this skill. In some cases several activities are presented for a particular skill; these may represent sub-objectives or merely ways to add variety to a program when needed. Although there can be many reasons for participating in the activity, only the primary objective of the activity relative to this model is noted. These activities are presented in a corresponding sequence to the social skills identified previously. Many of these activities can and often should be done more than once. For instance, Dance A Name has been frequently requested by participants and has helped them become more aware of others.

A general procedure for each activity is given. Specific teaching and facilitation strategies must be determined by the trainer based upon the needs of the participant. Some of the lower functioning individuals will need a chaining process, physical assistance, verbal prompts and demonstration, while higher functioning individuals may be involved in more discussion. Similarly, the trainer must identify activity modifications needed. Some helpful suggestions are provided based on the types of participants on which this model was piloted.

Name of Activity: Sharing and Taking Turns

Objective: The participant will share recreation equipment and take turns when necessary.

Procedure:

1. Trainer initiates a variety of games and activities that require the participant to share or take turns, e.g. having fewer pairs of scissors than participants, playing catch.

2. Participant actively participates in activity.

Materials: Varies by activity.

Sharing and taking turns: prerequisites to bowling in the community.

Trainer's Notes:

1. Encourage the participant who is not sharing and taking turns to do so.

2. Praise the participant for sharing and taking turns.

3. Formalize sharing situation by giving partners one piece of recreation equipment and telling them they must share.

Name of Activity: Double Stunts

Objective: The participant will cooperatively perform a task with a partner.

Procedure:

1. Trainer explains and demonstrates activity with co-trainer or peer model.

2. Participant practices his/her part of the stunt with physical assistance, if necessary.

3. Participant does stunt with trainer or peer model.

4. Participant does stunt with another participant.

Trainer's Notes:

1. Provide physical assistance, as needed.

2. Provide double stunts in which both partners must perform their task for success, e.g. swan balance, doubles roll, see saw.

3. Provide spotter for all stunts.

Name of Activity: Mirror

Objective: The participant will work cooperatively with a partner and imitate his/her movements.

Procedure:

1. Trainer explains and demonstrates activity with co-trainer or peer model.

2. Trainer initiates movement and asks the participant to follow his/her movements.

3. Participant initiates movement and trainer follows.

4. Participant alternately initiates and follows movements with a partner.

Trainer's Notes:

1. Give encouragement and feedback to the participant.
2. Stress that "Mirror" is not a competitive game.
3. Stress that movement needs to be slow for others to follow.

Name of Activity: Togeth-air Ball (Collective Score Volleyball)

Objective: The participant will work as a member of a group to keep a ball in the air.

Procedure:

1. Trainer explains and demonstrates game with co-trainer(s) and/or peer model(s).

2. Participant cooperatively plays the game.

Directions:

Two teams are on either side of a line, rope, or net, and a ball is batted back and forth in a continuous fashion. If a score is kept, it is a collective score. The goal is to see how long the ball can be kept in the air.

Materials: Ball, beachball, or balloon; line, string or net.

Trainer's Notes:

1. Use a ballroom or beachball before going on to something more difficult, like a volleyball.

2. Initially, count one point anytime anyone hits the ball to provide greatest reinforcement.

3. Lower or raise the string/net according to skill level of participants.

4. Change rules for variety, e.g. players must use part of body other than hand to get ball over net.

Name of Activity: Team Play (Volleyball)

Objective: The participant will play competitively on a team.

Procedure:

1. Trainer divides the participants into teams and discusses team concept.

2. Participant plays volleyball as a member of a team.

Materials: Volleyball, net.

Trainer's Notes:

1. Use color badges, tee shirts, etc. to identify team members.
2. Once participants have the team concept, switch members of the teams often so that the participant gets the opportunity to be a team member with all group members.
3. Vary with other competitive team activities e.g. relay race, where team is easily identified as opposed to intermixed team games like basketball.
4. Modify the rules of the game when necessary.
5. Encourage and praise team play and sportsmanship.

Name of Activity: Non-verbal Role Play

Objective: The participant will role play different ways of making contact and communicating different messages through eye contact and facial expressions.

Procedure:

1. Trainer discusses messages communicated non-verbally.
2. Trainer models use of facial expressions to communicate message.
3. Participant role plays communicating messages upon request from trainer.

Role Play Situations:

1. Indicating yes; no
2. Showing someone that you are friendly, e.g. smile
3. "Saying" hello, e.g. shaking hands, slapping on shoulder
4. Showing someone that you like them; do not like them.
5. Indicating that you will; you will not
6. Letting someone know that you are happy; sad
7. Letting someone know that you are pleased; angry

Trainer's Notes:

1. Use discretion in having whole group do role play situation simultaneously or having individuals do role play in front of group.

2. If role play is done in front of group, start with highest functioning members to provide additional modeling for others.

3. Use mirrors and make faces into the mirror with low functioning individuals who do not otherwise appropriately respond.

Name of Activity: Role Play Introducing Self

Objective: The participant will introduce himself/herself to peer using eye contact, appropriate verbalization and hand shake.

Procedure:

1. Trainer introduces discussion on choosing the right time and place to introduce self as well as ways of introducing self.

2. Trainer models greeting the other person and naming self while shaking hands (if appropriate).

3. Trainer and participant role play appropriate behavior.

4. Participant practices behavior with a peer under supervision.

5. Participant practices behavior with peers independently.

Role Play Situation:

1. Neighborhood — Introducing self to a new neighbor.

2. Classroom — Introducing self to a new group member.

Trainer's Notes:

Modeling Introducing Self

1. Use physical or verbal prompts, as necessary, to keep participant looking at other person. Prompt giver should be different than person to whom the participant is introducing himself/herself.

2. For those with very limited verbal skills, initially use double who stands next to the participant and speaks for him/her.

3. Reinforce appropriate introducing behaviors with physical gestures of approval and verbal praise.

4. Have participants practice this behavior with guests who come to the program.

Name of Activity: How Do You Do and Goodbye.

Objective: The participant will appropriately introduce self and learn name of other person.

Procedure:

1. Trainer explains and demonstrates activity.
2. Trainer begins play in center.
3. Participant responds to introduction and gives name.
4. Participant introduces self to another.
5. Participant continues participation in activity.

Directions:

Participants form a single circle facing center, seated or standing. One extra person is in the center. The extra person walks around inside the circle until you stop the music. When the music stops, the extra person halts and introduces himself/herself to the nearest person in the circle and learns his/her name. When you start the music again, the two join hands and walk around the inside of the circle while talking. When you stop the music, the couple says "Goodbye" to each other, each introduces himself or herself to the nearest person, and the two new couples walk and talk. New players are picked up each time the music stops until all are in couples, walking and talking.

Materials:

Record player, record.

Trainer's Notes:

1. Provide a high staff to participant ratio for this activity.

Name of Activity: Dance A Name

Objective: The participant will name each participant and imitate movement during Dance A Name.

Procedure:

1. Trainer explains and demonstrates activity.
2. Participant practices chant as part of group.
3. Participant does the activity as part of group.

Directions:

The group stands in circle formation. Participants clap and chant "Name, name, what's your name?" First participant says his/her name and does a movement with it, e.g. touch toes. Participants say the person's name while imitating the movement together three times. Continue until everyone in the circle has said his/her name with a movement.

Trainer's Notes:

1. Position co-trainer(s) and/or helper(s) next to individuals who have low attention spans to prompt imitation.

2. Use reinforcement, if needed. Generally this activity is reinforcing enough by itself.

3. Provide verbal reminders for those who forget to do a movement with his/her name.

Playing Dance A Name. Note need for verbal prompt to man on right.

Name of Activity: The Name Game

Objective: The participant will accurately name participants in the group.

Procedure:

1. Trainer explains and demonstrates the game.
2. Participant plays the games with others.

Directions:

Participants are in a circle. The first person states his name, e.g. Billy Boy. The second person repeats the preceding name and states her name, e.g. Nancy Nice. The third person repeats these names and supplies his own, e.g. Billy Boy, Nancy Nice, Jim Jones. This procedure continues until each person has at least two chances to name all the participants.

Trainer's Notes:

1. Require lower functioning participants to name person next to them and self only, at first.

2. Have the participants change places around the circle to ensure that the participant knows the name of other participants rather than their place in the circle.

3. Encourage the participant to look at the person he/she is naming.

4. Provide verbal prompts of first two letters of name, e.g. Na for Nancy. when needed.

5. When the participants can name each other easily, have each participant add something that he/she is good at or likes, e.g. basketball playing Billy, singing Nancy.

Name of Activity: Name Catch

Objective: The participant will call out the name of the person to whom he/she is going to throw the ball before the ball is thrown.

Procedure:

1. Trainer explains and demonstrates activity in a circle formation.

2. Participant gets the attention of the person to whom the ball will be thrown by calling out his/her name and then throws the ball.

Materials: Ball

Trainer's Notes:

1. Add saying something the person likes or is good at with his/her name after participants are good at naming people.

2. Liven up the activity by having the participants go as fast as they can.

3. Encourage participants to throw ball to a variety of participants and not just trainer(s).

Playing Name Catch

Name of Activity: Get Acquainted Musical Chairs

Objective: The participant will accurately name seated players as they are passed.

Procedure:

1. Trainer explains and demonstrates activity.

2. Participant actively participates in activity.

Directions:

Chairs are arranged in a circle. Four participants are introduced to the group. Their four chairs are taken from the circle. Everyone else rises and the four without chairs find seats and sit down. As the music plays, the other players march around the circle. As they pass each one of the seated four, they must call him/her by name. Anyone who forgets to speak to a seated player must sit down, too. When the music stops, everyone quickly finds a chair and sits down. The four left without chairs introduce themselves. The number marching keeps getting smaller, as everyone caught must remain seated. The marchers speak to each of those seated by saying, "Hello, _____."

Materials: Record player, record, chairs.

Trainer's Notes:

1. Introduce and seat higher functioning participants who do not need practice in naming participants.

Name of Activity: This Is My Friend

Objective: The participant will introduce a peer and tell something about that person to the group.

Procedure:

1. Trainer explains and demonstrates activity.

2. Participant introduces self to partner; discovers partner's name and one activity partner likes.

3. Participant introduces partner to the group and tells one thing partner likes to do.

Trainer's Notes:

1. Have higher functioning participants go first to provide additional modeling.

2. Provide double or verbal prompts as needed.

Name of Activity: Guess Who I Am

Objective: The participant will identify another participant through a description of his/her hobbies, interests, etc.

Procedure:

1. Trainer introduces activity and gives example, e.g. horseback riding: "I know that Pam likes horseback riding."
2. Trainer reads description.
3. Participant guesses who has been described.

Trainer's Notes:

1. Choose a descriptor that is unique to that individual.
2. Later add descriptors that apply to several participants to highlight common interests that could be done together.
3. Discuss interests.

Name of Activity: Role Play Starting a Conversation

Objective: The participant will appropriately begin a conversation in a role play situation.

Procedure:

1. Trainer introduces discussion on ways to start a conversation, e.g. tell something about yourself, comment on something that you both have in common, ask a question.
2. Trainer models telling or asking another person something to help start a conversation.
3. Trainer and participant role play starting a conversation.
4. Participant role plays starting a conversation with a peer under supervision.
5. Participant role plays behavior with a peer independently.

Role Play Situations:

Neighborhood — Starting conversation with person next door.

Classroom — Starting conversation with peer during social lounge.

Trainer's Notes:

1. For those with very limited verbal skills, initially use double who stands for him/her.

2. Use verbal prompts to help the participant whenever necessary.

3. Reinforce with approval.

4. Encourage participant to use these techniques in other parts of the program, e.g. Social Lounge.

Name of Activity: Role Play Listening

Objective: The participant will demonstrate appropriate listening behavior in a role play situation.

Procedure:

1. Trainer discusses appropriate behaviors associated with listening, e.g. looking at the person who is talking, nodding head, saying, "mm-hmm," or phrases like "Is that right?" "I see," "I know what you are saying."

2. Trainer models appropriate listening behaviors during a conversation while co-trainer explains these listening behaviors.

3. Trainer and participant role play situation where participant is required to listen.

4. Participant practices listening in conversation with a peer under supervision.

5. Participant practices listening in conversation with a peer independently.

Role Play Situations:

1. Classroom — Trainer explains an activity to the participant.

2. Home — Sister expresses sadness and the participant listens.

3. Neighborhood — Friend describes interesting T.V. show to the participant.

Trainer's Notes:

1. Use modeling, physical assistance and verbal prompts whenever necessary to elicit appropriate listening behaviors.

2. Reinforce appropriate behavior with approval.

3. Practice listening behavior in the context of a conversation as much as possible.

Name of Activity: Socialization

Objective: The participant will socialize at appropriate times with group members.

Procedure:

1. Trainer shows participants pictures from magazines and books that show people in social situations e.g. talking, laughing, dancing, eating.

2. Trainer leads discussion about what people are doing, where they are doing it, who they are doing it with, etc.

3. Trainer leads discussion on appropriate times, e.g. social lounge period, and ways to socialize during the program.

4. The participant socially interacts with group members during social lounge.

Trainer's Notes:

1. Encourage participant to visit with peers during social lounge.

2. Encourage parents and other primary caretakers to include the participant in a variety of social situations e.g. picnics, going to movies, attending family parties.

Name of Activity: Class Applause

Objective: The participant will appropriately encourage and support other group members in role play situations.

Procedure:

1. Trainer discusses and demonstrates ways to support others, e.g. clap hands, give words of encouragement, give a hug or pat on the back.

2. Participant encourages and supports other participants in role play situations.

Trainer's Notes:

1. Encourage participants to sincerely give encouragement and support.

2. Encourage participants to provide positive reinforcement in all parts of the program.

Name of Activity: Mirror, Mirror

Objective: The participant will compliment himself/herself while looking in a mirror.

Procedure:

1. Trainer explains and models looking in mirror and telling what he/she sees.
2. Participant looks at mirror and says what he/she sees.

Materials: Full-length or hand-held mirror.

Trainer's Notes:

1. Facilitate process by asking questions, e.g. what do you like best when you look in the mirror; what do you see first.
2. If participant cannot think of anything positive to say, point out assets.
3. Vary activity by having participant give self a strength bombardment.
4. Use a double to feed participant positive things to say about himself/herself whenever he/she is stuck.
5. Allow participant ample time to say something before assisting.

Name of Activity: Bragging

Objective: The participant will compliment himself/herself in front of group.

Procedure:

1. Trainer leads discussion about personal strengths and pride.
2. Trainer introduces activity and models boasting about accomplishments, awards, skills, things he/she does well, etc.
3. The participant takes a turn saying something he/she is proud of.
4. Trainer leads discussion about activity.

Trainer's Notes:

1. Encourage participants to show recognition and positive support for each participant's statement.
2. Emphasize that the exercise is not a contest to see who is best.
3. Give participants who have difficulty thinking of a compliment a hint

e.g. something you own, how you have earned some money, something you bought yesterday.

Name of Activity: Sell-A-Fella

Objective: The participant compliments a partner on his/her good characteristics.

Procedure:

1. Trainer discusses giving compliments.
2. Trainer models giving a compliment to a participant.
3. Participant is instructed to "sell" his/her partner by pointing out all the good characteristics.
4. Participant tells the partner and the group why they might want the partner.

Trainer's Notes:

1. Provide a double to help participants think of compliments.
2. Have the participant give only one compliment at first.

Name of Activity: Strength Bombardment

Objective: The participant will compliment each group member on strengths.

Procedure:

1. Trainer discusses different kinds of strengths and develops a vocabulary of strength words.
2. The participant actively participates with other group members to bombard each participant, one at a time, with his/her strengths.
3. Trainer records strengths mentioned and gives list to participant.

Materials: Pen, paper.

Trainer's Notes:

1. Instruct participants that only positive assets are to be mentioned.

Name of Activity: I Like You.

Objective: The participant will discuss and demonstrate ways to express affection.

Procedure:

1. Trainer leads discussion around: How did your family communicate "I love you" or "I like you" to the participant; friends; relatives?

2. Trainer leads further discussion on appropriate and inappropriate ways of expressing affection in different types of relationships.

3. Participant acts out socially appropriate ways to touch affectionately.

4. Participant role plays telling someone that he/she cares about them.

Role Play Situation:

Home — expressing affection toward a parent.

Neighborhood — letting a friend know you care about them.

School/work — expressing liking for a teacher.

Community — expressing affection for a date in a bowling alley or other public place.

Concepts:

1. Hugging is a way to show affection for very special people, e.g. family, best friend, relatives. It is sometimes done when you have not seen a special person for a long time or are saying goodbye to someone you will not see for a long time.

2. Expressions of strong feelings for a date are generally considered more socially appropriate when expressed in private places. Holding hands and putting an arm around a date's shoulders is an appropriate way to show affection in public.

Name of Activity: Role Play Asking a Peer to Do Something.

Objective: The participant will ask a peer to do something with him/her in a role play situation using eye contact and appropriate verbalization.

Procedure:

1. Trainer introduces discussion on when and how to ask someone to do something.

2. Trainer models asking someone to do something with him/her.

3. Trainer and participant role play appropriate behavior.

4. Participant practices behavior with one peer under supervision.

5. Participant practices behavior with peers independently.

Role Play Situations:

1. Neighborhood — Asking someone to go to the movies.

2. Classroom — Asking someone to play Parcheesi in the social lounge.

Trainer's Notes:

1. Use physical assistance, verbal prompts and doubling, if the participant does not respond.

2. Reinforce behavior with physical gestures of approval and verbal praise.

3. Use language appropriate to the particular interpersonal situation.

4. Encourage participants to use this approach in the social lounge.

Name of Activity: Identification of Friends and Strangers Class.

Objective: The participant will identify individuals who are family members or friends, helpers and strangers.

Procedure:

1. Trainer introduces the concept of family, friends, helpers and strangers.

2. Participant identifies family members and trainer writes names on a blackboard.

3. Participant identifies two friends and how he/she knows these people.

4. Participant identifies two helpers, e.g. teacher, police officer.

5. Participant defines stranger.

Concepts:

1. Stranger is someone who you do not know or who you have never met.

2. Helper is a person who is paid to work with people or help them, e.g. teacher, police officer, doctor, nurse.

Materials:

5 x 8 cards with "Family," "Friend," "Helper," "Stranger"
Blackboard
Chalk

Name of Activity: Making Friends

Objective: The participant will discuss and role play ways to enhance relationships with peers.

Procedure:

1. Trainer leads discussion on ways people make friends.
2. Participant role plays one of the best methods discussed.

Trainer's Notes:

1. Facilitate discussion by asking questions, e.g., what is a friend; how do you make friends; when you first came to school, how did you make a friend.
2. Provide double and verbal assistance when it is needed.

Name of Activity: Role Play Dealing with an Approach by a Stranger.

Objective: The participant will appropriately deal with an unwanted approach by a stranger in a role play situation.

Procedure:

1. Trainer introduces discussion on how to deal with unwanted approaches.
2. Trainer models dealing with an unwanted approach with a "stranger."
3. Participant role plays ways to deal with a stranger under supervision.
4. Participant deals with a stranger in a non-structured part of the program, e.g. a real stranger comes in at social lounge time and invites participant to go to movies.

Role Play Situations:

1. Home — Dealing with a stranger who asks to come in.
2. Neighborhood — Dealing with a stranger who offers a ride in a car.

Materials: Costume for stranger; props.

Trainer's Notes:

1. Use a real stranger whenever possible. Many lower functioning people have difficulty with the concept of stranger. This is even more confusing when the person playing stranger is a teacher or friend.
2. Use a double to assist with non-verbal and verbal responses.

3. Establish a stringent success criterion for this behavior. Many individuals have been trained to always do what someone else tells them and will have trouble refusing. Others are so pleased to be asked to do something that they will always want to say yes.

Name of Activity: Dating Role Play

Objective: The participant will appropriately role play: 1) asking for a date and 2) responding to an invitation for a date.

Procedure:

1. Trainer asks participants to define a date and name activities that would be fun to do on a date.

2. Trainer explains and models making a date while co-trainer models accepting or rejecting a date.

3. Participant alternatively role plays making a date and accepting or rejecting a date.

Trainer's Notes:

1. Provide content guidelines for making a date, e.g. stating name, saying where and when the date would be.

2. Encourage parents or other primary care providers to invite a friend of the opposite sex along on outings.

3. Provide activities that require interaction between females and males, e.g. dancing.

Name of Activity: Volleyball Variations

Objective: The participant will actively participate in making a group decision to change volleyball rules.

Procedure:

1. Trainer introduces concept of changing rules.

2. Trainer suggests a variation of a volleyball rule, e.g. ball must be hit twice before being returned over the net.

3. Participant participates in group decision — changing one rule of the game, e.g. everytime a team makes a point it can change one rule.

4. Participant plays the game with new rules.

Materials: Playground ball or volleyball; string or net.

Trainer's Notes:

1. Divide team into sides with varying levels of cognitive abilities.

2. Facilitate decision-making in whatever ways are necessary.

3. Allow participants to make impossible rules as part of the learning process; given an opportunity, they will generally change the impossible rule.

Name of Activity: Visiting Friends Role Play

Objective: The participant will role play appropriate behaviors for visiting friends.

Procedure:

1. Trainer discusses good manners for visitors and develops chart on manners with group.

2. Trainer models visiting a friend.

3. Participant role plays visiting a friend.

Role Play Situations:

Neighborhood — Going to a friend's house to watch T.V.

Materials: Magic marker, poster board, props.

Trainer's Notes:

1. Encourage the participant's parents or primary care provider to ask the participant to accompany them when they visit relatives and friends.

2. Tell parents to encourage the participant to visit friends and relatives who live within walking distance of his/her home.

Name of Activity: Appropriate/Inappropriate Behavior Class.

Objective: The participant will correctly identify 10 out of 13 behaviors as being appropriate or inappropriate.

Procedure:

1. Trainer explains concepts of appropriate and inappropriate.

2. Trainer shows slides of appropriate and inappropriate behavior to the entire class.

3. Each participant holds up a sheet of paper indicating if the behavior is appropriate or inappropriate.

4. Trainer discusses why behavior is appropriate or inappropriate.

5. Participants suggest alternative appropriate behaviors.

Concepts:

Appropriate = O.K.; fine, ☺ Inappropriate = not O.K.; ☹

Blowing nose in handkerchief Blowing nose on sleeve

(Blowing nose is private behavior and covering nose with hanky makes it private).

Cutting toe nails in bathroom Cutting toe nails on bus.

(Cutting toe nails is private behavior and should be done in private place)

Wearing work uniform at work

Wearing work uniform to dance

Wearing best clothes to church

Wearing best clothes to play volleyball.

Materials: 13 slides with appropriate or inappropriate; slide projector; projection screen; sheets of paper with ☺ appropriate ☹ inappropriate.

Trainer's Notes:

1. Reinforce participants individually and as a group.

2. Pair a co-trainer or higher functioning individual with those who have trouble paying attention and responding

3. Encourage participants to indicate appropriate and inappropriate behaviors to peers in other parts of the program.

Co-trainer helping participant to respond

Name of Activity: The face before me.

Objective: The participant will touch partner's face gently.

Procedure:

1. Trainer forms two lines facing each other.

2. Trainer instructs players in row one how to explore portions of the face with a gentle touch.

3. Trainer demonstrates carefully exploring the lips, eyebrows, eyelids, hair and other parts of the face and head.

4. Participant in row one explores partner's face with a gentle touch.

5. Participant in row two repeats the process.

Trainer's Notes:

1. Increase comfort level by having participants do more common touching first, e.g. shake hands.

2. Have participants explore partner's hands, progressing to wrists, forearms, elbows, upper arms and shoulders.

Name of Activity: Plaster Gauze Masks

Objective: The participant will appropriately touch another participant and work with a partner while making a plaster gauze mask.

Procedure:

1. Trainer presents example of finished mask.

2. Trainer simultaneously explains and demonstrates how to make plaster gauze mask.

3. Participant makes mask with partner under close supervision.

Directions:

Cut surgical gauze into 2" long strips. Put warm water in a bucket. Tie all hair back from face with bandana. Put vaseline all over face; make sure eyebrows, lids, and lashes are covered well. Dip surgical gauze in water, remove excess water and place evenly on face of individual who is lying down. Cover face with three to four layers of plaster gauze. Allow mask to dry on face (approximately five minutes); the individual must keep eyes and mouth shut. Remove mask by having individual make faces behind mask and lift off. Remove vaseline from eyes of individual. Wipe off excess vaseline from back of mask.

Materials: Vaseline, bandana, scissors, bucket, 1" surgical gauze, tissue, paper towels.

Trainer's Notes:

1. Provide a high staff to participant ratio.

2. Emphasize touching gently and helping each other.

Name of Activity: Body Sculptures.

Objective: The participant will touch and move various parts of his/her partner's body into a sculpture.

Procedure:

1. Trainer explains kneading and molding clay.

2. Trainer demonstrates how to do this with a partner.

3. Participant takes turns with his/her partner as sculptor and clay.

Directions:

Participants are paired. One player is the clay and his/her partner is sculptor. Sculptor kneads torso, head and limbs of clay and moves body parts to form a "sculpture." Clay holds body parts wherever sculptor puts them.

Trainer's Notes:

1. Pair partners such that two lower functioning individuals are not together.

2. Stress moving clay slowly and carefully.

* * *

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